

# ADVANCE PAY CERTIFICATION/AUTHORIZATION

## Privacy Act Statement

**AUTHORITY:** 37 U.S.C. 1006 et seq; E.O. 9397 November 1943 (SSN).

**PRINCIPAL PURPOSES:** To document a member's request for, and subsequent authorization of, an advance of pay to meet extraordinary expenses incident to a PCS move. It is also used to inform the member of the purposes and restrictions of such advances, and to establish repayment schedules.

**ROUTINE USES:** Information collected on this form becomes part of the Joint Uniform Military Pay System (JUMPS), and Reserve component pay systems and is subject to all of the routine disclosures which are more fully described in Service regulations. Routine recipients of JUMPS disclosures include, but are not limited to, Red Cross, State and local government for tax and welfare purposes.

**DISCLOSURE:** Voluntary; however, failure to provide the SSN will result in denial of payment since it is used to identify you for pay purposes.

### PART I. REQUEST

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. NAME (Last, First, Middle Initial)  |  | 2. SOCIAL SECURITY NO.  |  | 3. GRADE   |  |
| 4. I REQUEST:  |  | 5. I REQUEST A REPAYMENT SCHEDULE OF:   |  | 6. I REQUEST PAYMENT OF THE ADVANCE PAY:                                     |  |
| a. ONE MONTH ADVANCE PAY (See Policy Guidance on reverse.)   |  | a. 12 MONTHS OR LESS (Specify number of months)   |  | a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING TO MY NEXT PDS.          |  |
| b. MORE THAN 1 MONTH BUT LESS THAN 3 MONTHS BASIC PAY LESS DEDUCTIONS (Parts II and V must be completed.) (Specify amount) |  | b. 13 - 24 MONTHS (Parts III and V must be completed regardless of pay grade. NOTE: Repayment schedule cannot exceed member's date of separation.) (Specify number of months) |  | b. 31 - 90 DAYS BEFORE MY PCS (Parts II and V must be completed.)            |  |
| \$   |  |   |  | c. 61 - 180 DAYS AFTER ARRIVAL AT MY PDS (Parts II and V must be completed.) |  |

### PART II. CERTIFICATION OF EXPENSES (Actual or Anticipated) (Continue in Item 23 on reverse if necessary.)

|            |           |   |
|------------|-----------|---|
| 7. EXPENSE | 8. AMOUNT | 10. EXPLANATION OF THE CIRCUMSTANCES WHERE GREATER-THAN-NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY (Up to 90 days before and 180 days after). |
| a.         | \$        |   |
| b.         | \$        |   |
| c.         | \$        |   |
| d.         | \$        |   |
| e.         | \$        |   |
| f.         | \$        |   |
| 9. TOTAL   | \$        |   |

### PART III. JUSTIFICATION FOR MORE THAN 12 MONTHS PAYBACK

(Justification must demonstrate that severe hardship would result if the advance is paid back in 12 months)

|                       |   |
|-----------------------|---|
| 11. NO. OF DEPENDENTS | 12. LIST SPECIFICS OF YOUR FINANCIAL SITUATION, INCLUDING OUTSTANDING DEBTS AND MONTHLY PAYMENT AMOUNTS THAT INDICATE A SEVERE HARDSHIP IN REPAYING THE ADVANCE IN THE NORMAL 12-MONTH TIME PERIOD (Continue in Item 23 on reverse if necessary.) |
|-----------------------|---|

### PART IV. MEMBER CERTIFICATION

**Penalty:** The penalty for willfully making a false claim/statement is a maximum of \$10,000 or maximum imprisonment of five years, or both (U.S. Code, Title 18, Section 287).

If I am separated prior to my ETS, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me.

I have read and understood the policy on advance pay incident to a PCS contained on the reverse of this form. I hereby certify that the intended use of these funds meets the stated purpose. I have attached one copy of my PCS orders or assignment notification.

|               |                   |
|---------------|-------------------|
| 13. SIGNATURE | 14. DATE (YYMMDD) |
|---------------|-------------------|

### PART V. APPROVAL OF MEMBER'S COMMANDER

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 15. I HEREBY APPROVE THIS REQUEST FOR ADVANCE PAY OF:                                       |  | 16. WITH LIQUIDATION OVER:                      |  | 17. AND PAYMENT OF THIS ADVANCE:                              |  |
| a. ONE MONTH BASIC PAY LESS DEDUCTIONS  |  | a. 12 MONTHS OR LESS (Specify number of months) |  | a. WITHIN 30 DAYS OF PCS OR 60 DAYS AFTER REPORTING AT PDS    |  |
| b. AN AMOUNT SPECIFIED NOT TO EXCEED 3 MONTHS BASIC PAY LESS DEDUCTIONS (Specify amount) \$ |  | b. 13 - 24 MONTHS (Specify number of months)    |  | b. NOT PRIOR TO _____ (date) WHICH IS 31 - 90 DAYS BEFORE PCS |  |
|   |  |   |  | c. 61 - 180 DAYS AFTER REPORTING TO NEW PDS                   |  |
| 18. APPROVING OFFICIAL NAME (Last, First, Middle Initial)                                   |  | 19. SIGNATURE OF OFFICIAL                       |  |   |  |
| 20. TITLE   |  | 21. GRADE                                       |  | 22. DATE (YYMMDD)   |  |

POLICY GUIDANCE

The purpose of an advance of pay incident to PCS is to provide a Servicemember with funds to meet the extraordinary expenses of a Government-ordered relocation, per DODPM Part 4.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The Servicemember may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside the scope of those entitlements:

- a. Overseas station housing allowance;
- b. Servicemember and/or dependent travel allowances and per diem;
- c. Dislocation allowance;
- d. Basic allowance for quarters and/or variable housing allowance.

An advance of pay for a PCS move in the same geographic area of a Servicemember's prior duty station, or place from which ordered to active duty, is only authorized when the Servicemember moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance is not intended to provide funds for such items as investments, vacations, or the purchase of consumer goods that are not the result of direct expenses resulting from the Servicemember's PCS orders. Except under extraordinary conditions, an advance pay must be repaid before an advance for a subsequent PCS may be paid.

Servicemembers should consult appropriate Service regulations concerning grade levels requiring Commander's approval of a PCS advance that does not exceed 1 month's pay.

**AIR FORCE MEMBERS ONLY:** E4/SRA and below must have Commander's approval for all PCS advance pay payments.

# AUTHORIZATION TO START, STOP OR CHANGE AN ALLOTMENT

## PRIVACY ACT STATEMENT

**AUTHORITY:** 37 U.S.C. Section 701, E.O. 9397.

**PRINCIPAL PURPOSE:** To permit starts, changes, or stops to allotments. To maintain a record of allotments and ensure starts, changes, and stops are in keeping with member's desires.

**ROUTINE USES:** In addition to those disclosures generally permitted under 5 U.S.C. Section 552a(b) of the Privacy Act, these records of information contained therein may specifically be disclosed outside the DoD as a routine use to the Federal Reserve banks to distribute payments made through the direct deposit system to financial organizations or their processing agents authorized by individuals to receive and deposit payments in their accounts. It may also be disclosed to the Treasury Department, Internal Revenue Service, Social Security Administration, Department of Veterans Affairs, Federal, state and local agencies for civil or criminal law enforcement. In addition it can be released for any of the blanket routine uses published at the beginning of the DFAS compilation of system of record notices.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the Social Security number may result in the member not being able to start, change, or stop allotments.

## TO BE COMPLETED BY ALLOTTER

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| <b>1. BRANCH OF SERVICE</b> ( <i>X one</i> )<br><input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS<br><input type="checkbox"/> ARMY <input type="checkbox"/> NAVY |  | <b>2. NAME OF ALLOTTER</b> ( <i>Last, First, Middle Initial</i> )<br>(Print or type) |  | <b>3. SSN</b>  |  | <b>4. PAY GRADE</b>   |  |
| <b>5. ADDRESS OF ALLOTTER</b> ( <i>Street or Box Number, City, State, ZIP Code</i> )  |  |  |  | <b>6. DAYTIME TELEPHONE NUMBER</b> ( <i>Include Area Code</i> )  |  | <b>7. EFFECTIVE DATE</b> ( <i>YYYYMM</i> )                            |  |
| <b>9. NAME OF ALLOTTEE</b> ( <i>First, Middle Initial, Last</i> )   |  |  |  | <b>10. ALLOTMENT ACTION</b> ( <i>X one</i> )<br><input type="checkbox"/> START <input type="checkbox"/> STOP <input type="checkbox"/> CHANGE   |  | <b>8. MONTHLY AMOUNT OF ALLOTMENT</b><br>\$                           |  |
| <b>12. CREDIT LINE</b> ( <i>If applicable</i> )   |  |  |  | <b>13. ALLOTMENT CLASS AUTHORIZED</b> ( <i>X one</i> )<br><input type="checkbox"/> C - CHARITY/CFC<br><input type="checkbox"/> D - DISCRETIONARY ALLOTMENTS ( <i>Includes dependent support, payment to financial institution, insurance, repayment of home loan, rent, etc. (Notes 1 and 2)</i> )<br><input type="checkbox"/> F - CHARITY - EMERGENCY/ASSISTANCE FUND CONTRIBUTION<br><input type="checkbox"/> L - REPAYMENT OF LOAN TO SERVICE ORGANIZATION ( <i>Red Cross, Relief Society, etc. - Navy and Marine Corps only</i> )<br><input type="checkbox"/> N - NSLI OR USGLI INSURANCE PREMIUM<br><input type="checkbox"/> T - PAYMENT OF DEBTS TO U.S., DELINQUENT STATE OR LOCAL INCOME/EMPLOYMENT TAXES<br><input type="checkbox"/> - OTHER ( <i>Specify</i> ) |  |   |  |
| <b>14. ALLOTTEE'S MAILING ADDRESS</b> ( <i>Street or Box Number, City, State, ZIP Code</i> )  |  |  |  |  |  |   |  |
| <b>15. IF FOREIGN ADDRESS COMPLETE AS FOLLOWS</b> ( <i>Province, Country</i> )  |  |  |  |  |  |   |  |
| <b>16. REMARKS</b>  |  |  |  |  |  |   |  |
| <b>17. COMPANY CODE/FINANCIAL INSTITUTION/ROUTING TRANSIT NUMBER</b>  |  |  |  | <b>18. ACCOUNT NUMBER/POLICY NUMBER</b>  |  | <input type="checkbox"/> CHECKING<br><input type="checkbox"/> SAVINGS |  |
|   |  |  |  | <b>19. TOTAL CLASS L AMOUNT</b><br>\$  |  | <b>20. TOTAL CLASS T AMOUNT</b><br>\$                                 |  |

## STATEMENT OF UNDERSTANDING

I understand that this allotment is legal and that by voluntarily completing this form, I am responsible for:

- **Ensuring** that the information is correct;
- **Reviewing** my Leave and Earnings Statement to ensure the allotment stops, starts, or changes as directed including amount and payee;
- **Collecting** overpayments from the receiver (payee) of the allotment, if I do not change or stop the allotment after a loan is repaid;
- **Contacting** the receiver (payee) of the allotment, at my expense, to obtain monthly statements for my personal records.

I also understand that any problems once the allotment is delivered to the receiver (payee) are beyond the control of the Defense Finance and Accounting Service (DFAS) and that DFAS is only responsible for ensuring proper delivery of any voluntary allotment for the period directed. I further understand that pursuant to conditions listed in the DoD 7000.14-R, Volume 7A, changes can be made by DFAS to an allottee's name, address, or account number.

|                                  |                                     |
|----------------------------------|-------------------------------------|
| <b>21. SIGNATURE OF ALLOTTER</b> | <b>22. DATE</b> ( <i>YYYYMMDD</i> ) |
|----------------------------------|-------------------------------------|

**NOTE 1.** Must be different address than allotter. Each dependent allotment must have a different credit line. Only one support allotment per dependent is allowed.

**NOTE 2.** This is a voluntary allotment and can be to any payee you desire.

*(Complete a separate form for each bond action.)*

**AUTHORITY:** 37 U.S.C. 101 et seq; E.O. 9397, November 1943 (SSN).

**PRINCIPAL PURPOSES:** To permit starts, changes, or stops to bond allotments. To maintain a record of bond allotments and ensure starts, changes, and stops are in keeping with member's desires.

**ROUTINE USES:** Information may be disclosed to Congress; allottees; Secret Service; General Accounting Office; Federal, State, and local courts; U.S. Treasury; and to the Department of Justice in some cases for criminal prosecution, civil litigation, or investigative purposes.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information as well as the SSN may result in the member not being able to start, change, or stop bond allotments. The furnishing of SSNs is required by the regulations governing savings bonds, Department of Treasury Circular, Public Debt Series No. 3-80 (31 CFR 353). The numbers are used to maintain ownership records of the bonds. Other information requested by this form is also required under the above regulations to establish the rights, authority and/or entitlement of the signers. Failure to furnish any of the required information may prevent completion of the transaction.

|   |               |  |         |   |           |                                    |  |                           |                     |             |
|---|---------------|--|---------|---|-----------|------------------------------------|--|---------------------------|---------------------|-------------|
| 1. ALLOTTER'S NAME <i>(Last, First, Middle Initial)</i> |               |  |         |   |           | 2. SOCIAL SECURITY NO.             |  | 3. GRADE <i>(AD only)</i> |                     |             |
| 4. ALLOTMENT ACTION <i>(X one)</i>                      |               |  |         |   |           | 5. EFFECTIVE DATE<br><i>(YYMM)</i> | 6. AMOUNT TO BE ALLOTTED EACH<br>MONTH<br>\$ |                           | 7. NUMBER OF MONTHS |             |
|   | a. Start      |  | b. Stop |   | c. Change |                                    |  |                           |                     |             |
| 8. BOND DENOMINATION <i>(X one)</i>                     |               |  |         |   |           | 10. OWNERSHIP CODES <i>(X one)</i> |  |                           |                     |             |
|   | a. \$100      |  |         |   | b. \$200  |                                    | Owner  |                           | Co-Owner            | Beneficiary |
|   | c. \$500      |  |         |   | d. \$1000 |                                    |  | 1 Allotter                | Nonallotter         | None        |
|   |               |  |         |   |           |                                    |  | 2 Allotter                | None                | Nonallotter |
|   |               |  |         |   |           |                                    |  | 3 Allotter                | None                | None        |
| 9. MAIL BOND TO <i>(X one)</i>                          |               |  |         |   |           |                                    | 4 Nonallotter                                | Allotter                  | None                |             |
|   | A Owner       |  |         | B Co-Owner/Beneficiary  |           |                                    |  | 5 Nonallotter             | None                | Allotter    |
|   |               |  |         |   |           |                                    |  | 6 Nonallotter             | Nonallotter         | None        |
|   | C Third Party |  |         | D Hold in Safekeeping <i>(Only for Active Duty Bond Owners)</i> |           |                                    |  | 7 Nonallotter             | None                | Nonallotter |
|   |               |  |         |   |           |                                    |  | 8 Nonallotter             | None                | None        |

|   |          |                 |  |                         |
|---|----------|-----------------|--|-------------------------|
| <b>11. BOND OWNER</b>   |          |                 |  |                         |
| a. Name <i>(First, Middle Initial, Last)</i>  |          |                 | b. Social Security No.                         |                         |
| <b>12. (X one if applicable)</b>  |          | <b>CO-OWNER</b> |  | <b>BENEFICIARY</b>      |
| a. Name <i>(First, Middle Initial, Last)</i>  |          |                 | b. Social Security No.                         |                         |
| <b>13. THIRD PARTY</b> <i>(If bond is mailed to a third party)</i>  |          |                 |  |                         |
| a. Name <i>(First, Middle Initial, Last)</i>  |          |                 | b. Mailing Address <i>(Street, Unit, etc.)</i> |                         |
| c. City   | d. State | e. ZIP Code     | f. Foreign City, Province, Country             | g. Country Code         |
| <b>14. I hereby authorize the foregoing allotment from my pay with the understanding that U.S. Savings Bonds will be issued as requested.</b><br><b>This authorization is to remain in effect until cancelled by me in writing.</b> |          |                 |  |                         |
| a. Signature of Allotter  |          |                 |  | b. Date <i>(YYMMDD)</i> |

**CAREER STATUS BONUS (CSB) ELECTION***(Read Instructions before completing form.)***PRIVACY ACT STATEMENT**

**AUTHORITY:** 37 U.S.C. 322; E.O. 9397; ASD(FMP) Memorandum dated February 2, 2001, Subject: Career Status Bonus Implementing Guidance.

**PRINCIPAL PURPOSE:** To record a member's eligibility and election to receive or not receive the Career Status Bonus with reduced retired pay (REDUX) and to adjust such retired pay according to the member's election.

**ROUTINE USE(S):** Information may be provided to the Internal Revenue Service to resolve matters relating to an individual's tax withholding; to the Federal Retirement Thrift Investment Board to establish eligibility for contributions to the Thrift Savings Plan for Uniformed Service personnel, and to the Department of Justice or state and local governments when a question of conflicting interest is raised concerning a member's declarations and election.

**DISCLOSURE:** Voluntary; however, failure to provide the requested information by the time instructed by the member's branch of Service could result in an irrevocable determination affecting the amount of retired pay the individual may later qualify to receive and disqualification for electing the Career Status Bonus.

**SECTION I - PERSONAL IDENTIFICATION** *(To be completed by Service Officials)*

|   |   |               |  |
|---|---|---------------|--|
| <b>1. NAME</b> <i>(Last, First, Middle Initial)</i> |   | <b>2. SSN</b> | <b>3. RANK/PAY GRADE/BRANCH OF SERVICE</b>       |
| <b>4. DIEMS</b> <i>(YYYYMMDD)</i>                   | <b>5. DATE FOR DETERMINATION OF ACTIVE DUTY SERVICE COMPLETED</b> <i>(YYYYMMDD)</i> |               | <b>6. DATE OF NOTIFICATION</b> <i>(YYYYMMDD)</i> |

**SECTION II - DETERMINATION OF ELIGIBILITY** *(To be completed by Service Officials)*

7. You may be eligible to elect a Career Status Bonus (CSB). To be eligible, you must:

- (1) Be on active duty,
- (2) Complete 15 years of active duty service,
- (3) Have a DIEMS of August 1, 1986 or later, and
- (4) Qualify under Service regulations for retention to 20 years of active duty service.

Service records indicate that you are currently:

- ☐ Eligible to elect the Career Status Bonus.
- ☐ Not eligible to elect the Career Status Bonus.

**REASON NOT ELIGIBLE:**

|  |   |                     |
|--|---|---------------------|
| <b>8. DATE OF DETERMINATION</b><br><i>(YYYYMMDD)</i> | <b>9. SERVICE AUTHENTICATING REPRESENTATIVE</b>             |                     |
|  | <b>a. PRINTED NAME</b> <i>(Last, First, Middle Initial)</i> | <b>b. SIGNATURE</b> |

**SECTIONS III, IV, or V** *(To be completed by Member and Witness as directed by Service)*

**NOTE:** Complete only one of these sections and then return it as instructed by your Service.

If not eligible, complete Section III only.

If eligible and you want to elect to receive the bonus, complete Section IV only.

If eligible and you do not want to receive the bonus, complete Section V only.

**SECTION III - NOT CURRENTLY ELIGIBLE FOR CAREER STATUS BONUS**

Complete this section only if **you are not currently eligible to elect the Career Status Bonus** and return the form as instructed by your Service.

10. I understand that I am not eligible for the Career Status Bonus at this time and that my ineligibility does not preclude my continued service to retirement if my Service so permits. I understand that I will not receive a bonus and I remain under the High-3 retirement system. I understand that my Service will notify me if I later become eligible to elect the bonus.

|                     |   |
|---------------------|---|
| <b>a. SIGNATURE</b> | <b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i> |
|---------------------|---|

|   |   |                               |
|---|---|-------------------------------|
| <b>11. WITNESS</b>  |   |                               |
| <b>a. PRINTED NAME</b> <i>(Last, First, Middle Initial)</i> | <b>b. RANK/PAY GRADE</b>                | <b>c. POSITION/DUTY TITLE</b> |
| <b>d. ORGANIZATION</b>                                      | <b>e. ORGANIZATIONAL ADDRESS</b>        |                               |
| <b>f. SIGNATURE</b>   | <b>g. DATE SIGNED</b> <i>(YYYYMMDD)</i> |                               |

## **RELEASABLE INFORMATION**

### **MILITARY**

**NAME**  
**GRADE**  
**DATE OF GRADE**  
**GROSS SALARY**  
**DUTY STATUS**  
**OFFICE PHONE**  
**SOURCE OF COMMISSION**  
**PROMOTIONAL SEQUENCE NUMBER**  
**COMBAT SERVICE AND DUTIES**  
**DECORATION AND MEDALS**  
**DATE OF BIRTH**  
**MARITAL STATUS**  
**NUMBER, SEX, AND AGES OF CHILDREN**  
**PRESENT AND PAST DUTY STATION**  
**MILITARY AND CIVILIAN EDUCATION**

### **CIVILIAN**

**NAME**  
**GRADE**  
**DUTY STATION ADDRESS**  
**DATE OF EMPLOYMENT**  
**TITLE OF POSITION**  
**SALARY**  
**OFFICE PHONE**

**SECTION IV - ELIGIBLE AND ELECTING TO RECEIVE THE CAREER STATUS BONUS**

Complete this section only if you are eligible and **you desire to elect to receive the Career Status Bonus**. Then return the form as instructed by your Service.

12. I elect to receive the Career Status Bonus payment, with payments as indicated in block 12a below. I make this election upon my attainment of 15 years of active duty service and having been determined eligible for the bonus by my Service. I understand that once the election is effective it may not be revoked. My election is effective once received and accepted at the 15th year of service, or if later, the date received and determined acceptable by my Service, but no later than the date that is six months after being notified of my eligibility. I understand that if I receive the CSB in error, I must repay the full, before-tax bonus amount. I agree to remain on continuous active duty, subject to Service regulations, until I attain a minimum of 20 years of such service. If I fail to complete such service, I understand that I will be required to repay a share of the total (\$30,000) bonus payment in proportion to the amount of service I failed to complete compared to the additional service I agreed to serve. Any unpaid installments will be credited to my repayment. If I am separated prior to 20 years of service, I consent to withholding from current pay, final pay, or any other money due me to satisfy this indebtedness. I further consent to such withholding at a rate sufficient to satisfy this indebtedness no later than my separation, and understand that this could result in the withholding of 100% of any current pay, final pay, or other money due me. I further understand that if and when I do retire, it will be under the provisions of the 1986 Military Retirement Reform Act (1986 MRRA, known as REDUX), and that my future retired pay, if based on length of service, will be reduced under such provisions in the form of a reduced multiplier before age 62 and annual Cost-of-Living Adjustments (COLAs) that are 1 percentage point less than I would otherwise receive both before and after age 62, but with a one-time catch-up COLA adjustment at age 62. I have received the Fact Sheet of Information for Eligible Career Status Bonus Members, explaining the details and effects of making this election.

**a. I ELECT TO RECEIVE THE CAREER STATUS BONUS AS FOLLOWS (X the desired option):**

- |  |  |
|--|--|
| <input type="checkbox"/> (1) A SINGLE LUMP SUM PAYMENT OF \$30,000 | <input type="checkbox"/> (4) FOUR ANNUAL PAYMENTS OF \$7,500 |
| <input type="checkbox"/> (2) TWO ANNUAL PAYMENTS OF \$15,000       | <input type="checkbox"/> (5) FIVE ANNUAL PAYMENTS OF \$6,000 |
| <input type="checkbox"/> (3) THREE ANNUAL PAYMENTS OF \$10,000     |  |

NOTE: When multiple payments are to be made, the second and later payments are made in January of each succeeding year.

**b. SIGNATURE****c. DATE SIGNED (YYYYMMDD)****13. WITNESS****a. PRINTED NAME (Last, First, Middle Initial)****b. RANK/PAY GRADE****c. POSITION/DUTY TITLE****d. ORGANIZATION****e. ORGANIZATIONAL ADDRESS****f. SIGNATURE****g. DATE SIGNED (YYYYMMDD)****SECTION V - ELIGIBLE AND ELECTING NOT TO RECEIVE THE CAREER STATUS BONUS**

Complete this section only if you are eligible to receive the Career Status Bonus but **you desire NOT to elect the bonus**. Then return the form as instructed by your Service.

14. I elect not to receive the Career Status Bonus upon my attainment of 15 years of active duty service. I understand that once the election is effective it may not be revoked. My election is effective once received and accepted at the 15th year of service, or if later, the date received and determined acceptable by my Service, but no later than the date that is six months after being notified of my eligibility. I understand that I will not have any further opportunity to elect to receive this bonus. I understand that I will not receive a bonus payment and that I remain under the High-3 retirement system. I have received the Fact Sheet of Information for Eligible Career Status Bonus Members, explaining the details and effects of making this election not to receive this bonus.

**a. SIGNATURE****b. DATE SIGNED (YYYYMMDD)****15. WITNESS****a. PRINTED NAME (Last, First, Middle Initial)****b. RANK/PAY GRADE****c. POSITION/DUTY TITLE****d. ORGANIZATION****e. ORGANIZATIONAL ADDRESS****f. SIGNATURE****g. DATE SIGNED (YYYYMMDD)****SECTION VI - SERVICE RECORDING OF ELECTION**

(To be completed by Service Officials after member makes an election to receive the bonus)

**16. CSB ELECTION EFFECTIVE DATE (YYYYMMDD)****17. RECORDING OFFICIAL****a. PRINTED NAME (Last, First, Middle Initial)****b. RANK/PAY GRADE****c. POSITION/DUTY TITLE****d. ORGANIZATION****e. ORGANIZATIONAL ADDRESS****f. SIGNATURE****g. DATE SIGNED (YYYYMMDD)**

# Directions To Servicemember

## Instructions For Completing This Form

1. Type or print in ink all items except where otherwise noted.
2. An authorized agent of the Uniformed Services should witness your signature.

## What You Should Know

Family Coverage is granted under the Servicemembers' Group Life Insurance provisions of title 38, United States Code, and is subject to this law and the regulations pertaining to this law.

## Periods of Coverage

Coverage for spouses begins on November 1, 2001 for servicemembers insured under SGLI who are married as of that date. Otherwise, coverage for spouses begins on the date of marriage to the insured servicemember.

Coverage for spouses ends 120 days after any the following events:

- 1). The date a servicemember elects in writing to terminate the spousal coverage.
- 2). The date a servicemember elects in writing to terminate his or her own coverage.
- 3). The date of a servicemembers' death.
- 4). The date a servicemember separates or is released from the uniformed service.
- 5). The date of divorce from a servicemember.

An insured spouse may elect to convert his or her coverage to a commercial policy within 120 days following one of the events listed above. The servicemember or spouse must contact the Office of Servicemembers' Group Life Insurance (OSGLI) as soon as possible after the event to get a list of participating companies and more information on converting. A list of participating companies can also be found at [www.insurance.va.gov](http://www.insurance.va.gov).

Coverage for dependent children of servicemembers insured under SGLI begins on November 1, 2001. Otherwise, coverage for natural children begins on the date of birth of the child. Coverage for those who are not natural children of the insured servicemember begins on the date when the child becomes a qualified dependent of the member. Dependent children include, but is not limited to, natural born children, legally-adopted children, and stepchildren who are members of the servicemember's household, who are under the age of 18, or who became permanently incapable of self-support prior to age 18, or who are under age 23 and are full-time students. For a more complete definition of dependent children, please refer to title 38 USC, the first sentence of section 101(4)(A).

Coverage for children ends 120 days after any of the following events:

- 1). The date a servicemember elects in writing to terminate his or her own coverage.
- 2). The date a servicemember separates or is released from the uniformed service.
- 3). The date of a servicemember's death.
- 4). The date the children no longer qualify as an insurable dependent of the servicemember.

## Provisions For Payment Of Insurance

The servicemember will receive the proceeds upon the death of his or her spouse or child. If two insured servicemembers are married, the proceeds paid from the death of a child will be paid to the member who was eligible for SGLI coverage the longest. If an insured servicemember is separated or divorced from another insured servicemember, insurance proceeds from the death of a child will be paid to the member who has custody of the child.

## How To File A Claim

Upon the death of your spouse or child, you should notify the Casualty Office within your branch of service. The Casualty Office will submit a *Report of Death of Family Member (SGLV 8700)* and a copy of the death certificate to the Office of Servicemembers' Group Life Insurance.



Please read the instructions before completing this form.

## Family Coverage Election

### Servicemember's Information

|   |            |             |                         |                      |                        |
|---|------------|-------------|-------------------------|----------------------|------------------------|
| Last name   | First name | Middle name | Suffix (Jr., Sr., etc.) | Date of Birth        | Social Security Number |
| Branch of Service (Do not abbreviate)<br><b>Choose Branch</b> |            |             |                         | Rank, title or grade |                        |

### Amount of Insurance

**Family Coverage for Dependent Child(ren).** By law, if you are insured under SGLI, each of your dependent children (see page 3 for a definition of dependent children for SGLI purposes) is automatically insured for \$10,000.

**Family Coverage for Spouse.** By law, if you are insured under SGLI, **your spouse is automatically insured for \$100,000 or the amount of your SGLI coverage**, whichever is less. **If you want less than the automatic amount of coverage for your spouse**, please check the appropriate block below and write the amount desired and your initials. Coverage is available in increments of \$10,000. **If you do not want any coverage for your spouse\***, check the appropriate block below and write (in your own handwriting), "I do not want coverage for my spouse at this time."

☐ I want coverage in the amount of \$ \_\_\_\_\_

☐ \_\_\_\_\_  
(Write "I do not want coverage for my spouse at this time.")

**\*Note:** Reduced or refused family coverage can *only* be restored by completing form SGLV 8285A with proof of good health and compliance with other requirements. It will also affect the amount of insurance your spouse can convert to when Family Coverage expires.

### Spouse's Information

(To be completed by member. It is not necessary to complete this section if you're declining coverage.)

|  |            |             |                         |                        |
|--|------------|-------------|-------------------------|------------------------|
| Last name                                    | First name | Middle name | Suffix (Jr., Sr., etc.) | Social Security Number |
| Date of Birth (dd-mmm-yyyy e.g. 24-AUG-1965) |            |             |                         |                        |

### Premiums for Spousal Coverage

| Spouse's age: | Monthly rate per \$10,000 | Monthly cost for \$100,000 coverage |
|---------------|---------------------------|-------------------------------------|
| Under 35      | \$.60                     | \$6.00                              |
| 35-39         | \$.75                     | \$7.50                              |
| 40-44         | \$1.00                    | \$10.00                             |
| 45-49         | \$1.90                    | \$19.00                             |
| 50-54         | \$2.80                    | \$28.00                             |
| 55-59         | \$4.20                    | \$42.00                             |
| 60 & older    | \$5.40                    | \$54.00                             |

I HAVE READ AND UNDERSTAND the instructions on pages 2 and 3 of this form and certify that the information I have provided is correct.

**SIGNATURE OF SERVICEMEMBER** ➤ \_\_\_\_\_

Date: \_\_\_\_\_  
(dd-mmm-yyyy e.g. 01-NOV-2001)

**Do not write in space below. For official use only.**

|   |                      |              |   |
|---|----------------------|--------------|---|
| Witnessed and received by: (please print) | Rank, title or grade | Organization | Date Received<br>(dd-mmm-yyyy e.g. 01-NOV-2001) |
|---|----------------------|--------------|---|

ENLISTED TRANSFER TO FLEET RESERVE OR 30 YEAR RETIREMENT  
WORKSHEET

(DO NOT USE UNTIL ANNOUNCED BY A NAVADMIN)

This worksheet is to be completed per the instructions contained in this section. Each initial submission must include the RS1, RS2 and RS7 TAC's. To cancel submit the RS8 TAC

General Information TAC

|       |     |   |   |   |   |   |   |    |    |    |    |    |    |    |
|-------|-----|---|---|---|---|---|---|----|----|----|----|----|----|----|
| Block | 1   | 2 | 3 | 4 | 5 | 6 | 7 | 8  | 9  | 10 | 11 | 12 | 13 | 14 |
| TAC   | RS1 |   |   |   | 2 |   | N | NA | NA |    |    | NA |    |    |

Leave Enroute Information TAC

|       |     |   |   |    |    |    |    |    |    |    |    |    |    |    |
|-------|-----|---|---|----|----|----|----|----|----|----|----|----|----|----|
| Block | 1   | 2 | 3 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 14 |
| TAC   | RS2 |   |   |    |    | NA |    |    |    |    |    |    | NA |    |

Remarks Information TAC #1

|       |     |   |   |    |    |    |
|-------|-----|---|---|----|----|----|
| Block | 1   | 2 | 3 | 14 | 47 | 48 |
| TAC   | RS7 |   |   |    | 1  |    |

Remarks Information TAC #2

|       |     |   |   |    |    |    |
|-------|-----|---|---|----|----|----|
| Block | 1   | 2 | 3 | 14 | 47 | 48 |
| TAC   | RS7 |   |   |    | 2  |    |

ENLISTED TRANSFER TO FLEET RESERVE OR 30 YEAR RETIREMENT  
WORKSHEET (Cont'd)

Remarks Information TAC #3

|       |     |   |   |    |    |    |  |
|-------|-----|---|---|----|----|----|--|
| Block | 1   | 2 | 3 | 14 | 47 | 48 |  |
| TAC   | RS7 |   |   |    | 3  |    |  |

Remarks Information TAC #4

|       |     |   |   |    |    |    |  |
|-------|-----|---|---|----|----|----|--|
| Block | 1   | 2 | 3 | 14 | 47 | 48 |  |
| TAC   | RS7 |   |   |    | 4  |    |  |

---

Cancel Enlisted Transfer to Fleet Reserve or Retirement TAC

|       |     |   |   |    |    |    |  |
|-------|-----|---|---|----|----|----|--|
| Block | 1   | 2 | 3 | 49 | 50 | 14 |  |
| TAC   | RS8 |   |   |    |    |    |  |

**Attachment 9****SAMPLE LETTER FOR STUDENTS OVER 21 BUT UNDER 23**

FROM: OFFICE OF THE SCHOOL REGISTRAR

STUDENTS NAME:

EXPECTED GRADUATION DATE:

TO WHOM IT MAY CONCERN:


This is to verify that the above named student is currently enrolled in a full time course of study leading to an associate degree or higher for the semester/quarter .  
If there are any questions concerning this matter, please call me at  
Sincerely

**NOTE:** if an ID card is needed during a summer break, the sponsor should provide the above information and the school should also indicate that the student was enrolled full-time in the semester/quarter before the break.

**LEAVE REQUEST/AUTHORIZATION**  
**NAVCOMPT FORM 3065 (3PT) (REV. 2-83)**

INSTRUCTIONS FOR COMPLETING THIS FORM ARE  
ON THE **REVERSE OF PART 3**.

SEE REVERSE FOR  
PRIVACY ACT  
STATEMENT

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 1. DATE OF REQUEST  |  | 2. FOR <b>ADMIN. USE ONLY</b><br>APPROVAL OF THIS LEAVE IS<br><b>NOT VALID</b> WITHOUT CONTROL NO.   |  | 3. LEAVE CONTROL NO.    |  |  |  |
| 3. SSN  |  | 4. NAME ( <i>Last,First,MI</i> )   |  |  |  | 5. PAY GRADE   |  |
| 6. SHIP/STATION   |  | 7. DEPT/DIV  |  | 8. DUTY SECTION  |  | 9. DUTY PHONE<br>(       )   |  |
| 10. TYPE LEAVE<br><br><input type="checkbox"/> REGULAR <input type="checkbox"/> SICK <input type="checkbox"/> EMERGENCY<br><br><input type="checkbox"/> SEPARATION <input type="checkbox"/> RETIREMENT <input type="checkbox"/> OTHER: _____<br><div>See Block 24</div> |  | <b>FOR USE OUTUS ONLY</b><br><br>11a. Leaving Area of PERMDUTYSTA<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>11b. Taking Leave INCONUS<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  | 12. MODE OF TRAVEL<br><br><input type="checkbox"/> AIR <input type="checkbox"/> BUS<br><br><input type="checkbox"/> CAR <input type="checkbox"/> TRAIN |  |  |  |
|   |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |
| 13. DAYS REQUESTED  |  | 14. FROM ( <i>Hour, Date</i> )(YYMMDD)   |  | 15. TO ( <i>Hour, Date</i> )(YYMMDD)   |  | 16. NORMAL WORKING HOURS<br>DAY OF DEPARTURE:<br>FROM:                      TO:<br>DAY OF RETURN:<br>FROM:                      TO:  |  |
| 17. LEAVE BALANCE<br>DAYS AS OF   |  | 18. LEAVE USED THIS FY   |  | 19. LEAVE PHONE<br>(       )   |  |  |  |
| 20. LEAVE ADDRESS   |  |  |  |  |  | 21. RATION STATUS ( <i>Enlisted</i> )<br><input type="checkbox"/> COMMUTED RATIONS(COMRATS)<br>Meal Pass No. _____<br><input type="checkbox"/> Entitled to EDF meals except<br>During periods of leave |  |

I CERTIFY THAT I HAVE SUFFICIENT FUNDS TO COVER THE COST OF ROUND TRIP TRAVEL. I UNDERSTAND THAT SHOULD ANY PORTION OF THIS LEAVE, IF APPROVED, RESULT IN MY TAKING MORE LEAVE THAN I CAN EARN ON MY CURRENT UNEXTENDED ENLISTMENT OR CURRENT ACTIVE DUTY OBLIGATION, MY PAY WILL BE CHECKED FOR SUCH EXCESS LEAVE.

## 22. SIGNATURE OF APPLICANT

|  |   |  |      |
|--|---|--|------|
| RECOMMENDED                              |   |  |      |
| <input type="checkbox"/> YES             | <input type="checkbox"/> NO             |  | DATE |
| <input type="checkbox"/> YES             | <input type="checkbox"/> NO             |  | DATE |
| <input type="checkbox"/> YES             | <input type="checkbox"/> NO             |  | DATE |
| <input type="checkbox"/> YES             | <input type="checkbox"/> NO             |  | DATE |
| 23. APPROVED<br><input type="checkbox"/> | DISAPPROVED<br><input type="checkbox"/> | REVIEWING OFFICER'S NAME AND SIGNATURE | DATE |

24. COMMENTS/REMARKS

|  |  |
|--|--|
| 25. SHIP OR STATION ( <i>Including telegraphic address</i> ) | 26. REPORT ON EXPIRATION OF LEAVE TO ( <i>If other than block 25</i> ) |
|--|--|

| DEPARTED ON LEAVE    |                    | RETURNED FROM LEAVE  |                    | GRANTED EXTENSION OF LEAVE ENDING    |                    |
|----------------------|--------------------|----------------------|--------------------|--------------------------------------|--------------------|
| 27a. HOUR            | 27b. DATE (YYMMDD) | 28a. HOUR            | 28b. DATE (YYMMDD) | 29a. HOUR                            | 29b. DATE (YYMMDD) |
| 27c. OOD'S SIGNATURE |                    | 28c. OOD'S SIGNATURE |                    | 29c. AUTHORIZING OFFICER'S SIGNATURE |                    |

IN CONSIDERATION OF THE MEMBER'S COMPLETION OF A FULL  
WORKDAY (AS DEFINED IN MILPERSMAN, NAVPERS 15560) ON THE  
DAYS OF DEPARTURE AND RETURN, THE INCLUSIVE DAYS SHOWN  
ARE CORRECT AND PROPER FOR CHARGING AS LEAVE

30. INCLUSIVE  
LEAVE PERIOD  
TO BE  
CHARGED

|                |
|----------------|
| FIRST:         |
| (YY) (MM) (DD) |

|                         |
|-------------------------|
| LAST:<br>(YY) (MM) (DD) |
|-------------------------|

31. NO. OF  
DAYS

I CERTIFY THAT THE ABOVE  
IS CORRECT AND PROPER TO  
THE BEST OF MY KNOWLEDGE.

32. CERTIFYING OFFICER'S TYPED NAME/RANK/TITLE

33. CERTIFYING OFFICER'S SIGNATURE

**FORWARD THIS COPY TO PERSONNEL OFFICE VIA COMMAND ONLY ON COMPLETION OF LEAVE.**

**S/N 0104-LF-703-0656      PART 1**

## INSTRUCTIONS FOR COMPLETING THE LEAVE REQUEST PORTION OF THIS FORM

1. Completion of this form must be in ballpoint or typewriter. The form must be completed in triplicate with all copies legible.
2. Print or type the appropriate data in blocks 1. and 3 through 21. Leave block 2 blank.
3. When completing blocks 14 and 15, follow these rules:
  - a. Block 14— The hour for starting leave may not be prior to the end of your normal workday if leave starts on a workday. If leave starts on a non-workday, the starting hour may be 0001 if not contrary to command policy.
  - b. Block 15 The hour for ending leave may not be later than the beginning of your normal workday if the day of return is a workday. If leave ends on a non-workday, the ending hour may be 2400 if not contrary to command policy.
4. Block 16 requires the following information:
  - Normal working hours for day of departure.
  - Normal working hours for day of return.
  - If day of departure or return is not a workday, enter "NONE".
5. Information required in blocks 17 and 18 may be obtained from Block 59 of your latest Leave and Earnings-Statement or from your activity's Commanding Officer's Leave Listing.
6. You are advised that you must immediately return your original leave authorization to the appropriate office designated by your command upon return from leave.

### PRIVACY ACT STATEMENT

#### FOR

**NAVCOMPT FORM  
3065**

**LEAVE  
REQUEST/AUTHORIZATION**

This statement is provided in compliance with the provisions of the Privacy Act of 1974 (PL 93-579) which require that Federal agencies must inform individuals who are requested to furnish information about themselves as to the following facts concerning the information requested.

1. AUTHORITY: Title 10 and 37 USC
2. PRINCIPAL PURPOSE(S): To authorize military leave-of absence.
3. ROUTINE USE(S): To deduct leave taken from member's accrued leave balance. To pay leave rations to enlisted members.
4. MANDATORY OR VOLUNTARY DISCLOSURE: Voluntary. If the member does not request a specific period of leave and furnish his leave address, leave is not granted.

**SERVICE RECORD PAGE 4 ENTRIES REQUEST FORM**PREPARE ORIGINAL AND ONE COPY. FILE ORIGINAL IN T/R  
WHEN ENDORSED; FILE 2<sup>ND</sup> COPY IN UNIT FILE

Date: \_\_\_\_\_

UIC: \_\_\_\_\_

From: \_\_\_\_\_

To: Officer in Charge, PERSUPPDET \_\_\_\_\_

Subj: SERVICE RECORD PAGE 4 ENTRIES ICO \_\_\_\_\_  
(Rank/Rate, First Name, MI, Last Name, SSN)Provide e-mail address for quick confirmation that entry has been made.  
\_\_\_\_\_

## 1. Military schools and other training completed:

Title of course of instruction: \_\_\_\_\_

NAVEDTRA #: \_\_\_\_\_ COURSE #: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_

NEC EARNED: \_\_\_\_\_ GRADE: \_\_\_\_\_ CONDUCTED AT: \_\_\_\_\_

## 2. Advancement Requirements:

a. Completed Professional Course for \_\_\_\_\_, NAVEDTRA # \_\_\_\_\_  
with a grade of \_\_\_\_\_ on \_\_\_\_\_b. Completed Military course for \_\_\_\_\_, NAVEDTRA # \_\_\_\_\_  
with a grade of \_\_\_\_\_ on \_\_\_\_\_

c. Completed PARS for \_\_\_\_\_ on \_\_\_\_\_

## 3. Correspondence Course/PQS Completed:

| CORRESPONDENCE COURSE/<br>PQS TITLE | WATCHSTATION # OR<br>NAVEDTRA # | DATE<br>COMPLETED | GRADE |
|-------------------------------------|---------------------------------|-------------------|-------|
|                                     |                                 |                   |       |
|                                     |                                 |                   |       |
|                                     |                                 |                   |       |

## 4. College Course(s) Completed:

| COLLEGE COURSE(S)<br>TITLE | SCHOOL<br>ATTENDED | DATE<br>COMPLETED | GRADE |
|----------------------------|--------------------|-------------------|-------|
|                            |                    |                   |       |
|                            |                    |                   |       |
|                            |                    |                   |       |

5. Awards Received: (i.e. Personal Military Decorations, Good Conduct,  
Unit/Campaign/Service, Good Conduct, Military-Related Letter of Commendation)  
(Attach copy of citation certificate for all except Unit/Campaign and Good  
Conduct Medal.)

| AWARDS RECEIVED | DATE OF<br>AWARD | AWARDING AUTHORITY/<br>REFERENCE CORRESPONDENCE | INITIAL |
|-----------------|------------------|---|---------|
|                 |                  |   |         |
|                 |                  |   |         |

PSD ROUTING  
INDICATOR

DATE RECEIVED: \_\_\_\_\_

DATE ROUTED TO OPIM: \_\_\_\_\_

ESO/Training Petty Officer/E-mail \_\_\_\_\_

FIRST ENDORSEMENT

Date: \_\_\_\_\_

From: Officer in Charge, PERSUPPDET \_\_\_\_\_

To: \_\_\_\_\_

Subj: COMPLETION OF SERVICE RECORD PAGE 4 ENTRIES/PAGE 13 (OFFICERS)

1. Service record entry(ies) has/have been completed this date.  
\_\_\_\_\_

By direction \_\_\_\_\_

|   |   |                                 |                                 |                                |                                   |                                       |         |
|---|---|---------------------------------|---------------------------------|--------------------------------|-----------------------------------|---------------------------------------|---------|
| <b>NAVY ENLISTED CLASSIFICATION (NEC) CHANGE REQUEST</b>  |   |                                 |                                 |                                |                                   | REFERENCE NAVPERS<br>18068F VOLUME II |         |
| TO:<br>NEC Management Section, Pers-4013  |   |                                 |                                 |                                | SERIAL:                           |                                       | DATE:   |
| VIA:  |   |                                 |                                 |                                | 1. SOCIAL SECURITY NUMBER:<br>- - |                                       |         |
| FROM:   |   |                                 |                                 |                                | 2. NAME (LAST, FIRST, MI):        |                                       |         |
|   |   |                                 |                                 |                                | 3. RATE/RANK:                     |                                       | 4. UIC: |
| 5. COMPONENT: (IF USNR, COMPLETE BLK. 6)  |   |                                 |                                 | 6. RESERVE CLASSIFICATION:     |                                   |                                       |         |
| <input type="checkbox"/> USN  | <input type="checkbox"/> USNR               | <input type="checkbox"/> TAR    | <input type="checkbox"/> SELRES | <input type="checkbox"/> OTHER |                                   |                                       |         |
| 7. NEC ACTION REQUEST: (JUSTIFY ACTION REQUESTED IN BLOCK 9)  |   |                                 |                                 |                                |                                   |                                       |         |
| <input type="checkbox"/> AWARD NEC  | <input type="checkbox"/> REMOVAL            | <input type="checkbox"/> WAIVER |                                 |                                |                                   |                                       |         |
| 8. NEC(S) REQUESTED: (INCLUDE SUPPORTING DOCUMENTATION WITH REQUEST)  |   |                                 |                                 |                                |                                   |                                       |         |
| <div style="display: flex; justify-content: space-around; margin-bottom: 10px;"> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: center;"> <div style="width: 100px; height: 10px; background-color: black; margin: 0 auto;"></div> </div> <div style="text-align: center;">R-TRACK (USNR-R ONLY)</div> |   |                                 |                                 |                                |                                   |                                       |         |
| 9. AMPLIFYING REMARKS:  |   |                                 |                                 |                                |                                   |                                       |         |
| 10. SIGNATURE OF CERTIFYING OFFICER:  |   | 11. DATE:                       |                                 | 12. DSN PHONE:<br>- -          |                                   | 13. COMMERCIAL PHONE:<br>( ) -        |         |
| 14. EMAIL ADDRESS:  |   |                                 |                                 | 15. DSN FAX:<br>- -            |                                   | 16. COMMERCIAL FAX:<br>( ) -          |         |
| 17. FIRST ENDORSEMENT (FOR USE BY "VIA" COMMAND ONLY)   |   |                                 |                                 |                                |                                   |                                       |         |
| FROM: _____<br><br><input type="checkbox"/> FOWARDED RECOMMENDING APPROVAL<br><input type="checkbox"/> FOWARDED RECOMMENDING DISAPPROVAL <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 40%; text-align: center;">SIGNATURE</div> <div style="width: 20%; text-align: center;">DATE</div> </div>   |   |                                 |                                 |                                |                                   |                                       |         |
| <b>ACTIONS TAKEN BY PERS-4013</b>   |   |                                 |                                 |                                |                                   |                                       |         |
|   | APPROVED                                    |                                 |                                 |                                | EFFECTIVE DATE                    |                                       |         |
|   | DISAPPROVED (SEE ATTACHMENT)                |                                 |                                 |                                |                                   |                                       |         |
|   | RETURNED WITHOUT ACTION<br>(SEE ATTACHMENT) |                                 |                                 |                                | SIGNATURE                         |                                       | DATE    |
| (BLOCK BY BLOCK INSTRUCTIONS ON REVERSE SIDE)   |   |                                 |                                 |                                |                                   |                                       |         |



INSTRUCTIONS FOR COMPLETION OF NAVPERS 1221/3

THE USE OF THIS FORM IS RESTRICTED TO NAVAL ACTIVITIES REPORTING NAVY ENLISTED CLASSIFICATION (NEC) DATA FOR INCLUSION INTO THE ENLISTED ASSIGNMENT INFORMATION SYSTEM.

FORWARD TO:

USN/USNR (TAR) / USNR-R (SELRES)

NAVY PERSONNEL COMMAND  
PERS-4013 (NEC MGMT SECTION)  
5720 INTEGRITY DRIVE  
MILLINGTON, TN 38055-3340  
COMM: (901)873-5210/5211/5213 FAX: (901) 873-5253  
DSN: N/A  
EMAIL: EPMAC\_NEC\_REQUEST@NAVY.MIL

NOTE: (1) USNR MUST GO "VIA" APPROPRIATE NAVAL RESERVE READINESS COMMAND/CENTER (FOR SURFACE ACTIVITIES) AND NAVAL RESERVE ACTIVITIES (NRA FOR AVIATION ACTIVITIES). USNR-R CLASSIFICATION COORDINATORS WILL COMPLETE BLOCK 17 PRIOR TO FORWARDING TO PERS-4013.

BLOCK #

1 - 3 MEMBER INFORMATION:  
SSN - SELF EXPLANATORY  
NAME - LAST NAME, FIRST NAME, MIDDLE INITIAL.  
RATE/RANK - EXAMPLE: PN2, ATC

NOTE: (2) IF SUBMITTING A REQUEST FOR THE SAME NEC BUT MORE THEN ONE MEMBER, ENTER "SEE ATTACHED" ON BLOCKS 1 AND 2, AND ATTACH A LIST WITH THE RATE, NAME & SSNs OF THE MEMBERS TO THE NAVPERS 1221/3.

- 4 UIC - COMMAND UNIT IDENTIFICATION CODE (UIC) TO WHICH MEMBER IS PERMANENTLY ATTACHED
- 5 COMPONENT - CHECK APPROPRIATE BOX
- 6 RESERVE CLASSIFICATION - MEMBERS OF USN LEAVE THIS BLANK. MEMBERS OF THE USNR CHECK APPROPRIATE BOX
- 7 NEC ACTION REQUEST - CHECK THE APPROPRIATE BOX. ONLY IDENTICAL TRANSACTIONS MAY BE REPORTED ON A SINGLE FORM. WHEN MULTIPLE ACTIONS ARE BEING RECOMMENDED FOR DIFFERENT REASONS, SEPERATE FORMS MUST BE SUBMITTED.
- 8 NAVY ENLISTED CLASSIFICATION (NEC) - THE NEC(S) FOR WHICH ACTION IS REQUESTED.
- 9 AMPLIFYING REMARKS - A BRIEF STATEMENT EXPLAINING WHY THE REQUEST IS BEING SUBMITTED. FOR "COI COMPLETION" NEC'S ANNOTATE THE COURSE IDENTIFICATION NUMBER THE MEMBER COMPLETED, AND ALSO INCLUDE SUPPORTING DOCUMENTATION WITH THE NAVPERS 1221/3 IN ORDER TO EXPEDITE YOUR REQUEST.
- 10 SIGNATURE OF CERTIFYING OFFICER - AUTHORITY TO CERTIFY ROUTINE AWARD OF NEC'S MAY BE DELEGATED BY THE COMMANDING OFFICER OR OFFICER IN CHARGE. HOWEVER, NEC **REMOVALS AND ARCHIVE REQUESTS** MUST BE **SIGNED** BY THE **COMMANDING OFFICER OR THE ACTING OFFICER IN CHARGE**.
- 11 DATE - DATE SIGNED BY CERTIFYING OFFICER
- 12 DSN PHONE - SELF EXPLANATORY
- 13 COMMERCIAL PHONE - SELF EXPLANATORY
- 14 EMAIL ADDRESS - SELF EXPLANATORY (FOR FASTER RETURN OF NEC REQUEST)
- 15 DSN FAX - SELF EXPLANATORY (FOR FASTER RETURN OF NEC REQUEST)
- 16 COMMERCIAL FAX - SELF EXPLANATORY (FOR FASTER RETURN OF NEC REQUEST)
- 17 FIRST ENDORSEMENT - THIS BLOCK IS TO BE USED ONLY BY THE "VIA" ADDRESSEE TO ANNOTATE THEIR RECOMENDATION FOR APPROVAL/DISSAPPROVAL OF THE NEC REQUEST. FOR NEC CHANGE REQUEST OF USNR-R (SELRES) PERSONNEL THIS BLOCK WILL BE USED BY THE CLASSIFICATION COORDINATORS. PERS-4013 IS THE FINAL APPROVING AUTHORITY FOR NEC REQUEST.

NOTE: (3) EFFECTIVE DATE ON THE "APPROVED" BLOCK IS THE DATE THE NEC WAS AWARDED/REMOVED. ANNOTATE THE ENLISTED DISTRIBUTION VERIFICATION REPORT (EDVR) AND THE SERVICE RECORD PAGE 4 WITH THIS DATE.

NOTE: (4) ACTIVE - ALL NEC CHANGES SHOULD APPEAR ON YOUR NEXT COMMAND EDVR.  
RESERVE - ALLOW 7 TO 10 DAYS FOR CHANGES TO APPEAR ON YOUR COMMAND RAUD.

NOTE: (5) THIS FORM IS NOT TO BE USED FOR DISTRIBUTION NEC (DNEC) CHANGE PROPOSALS. FOR DNEC CHANGES, REFER TO THE DMRSMAN (EPMAC DOCUMENT 1080#1 UM-02).

PRIVACY ACT STATEMENT FOR NAVPERS 1221/3 "NAVY ENLISTED CLASSIFICATION (NEC) CHANGE REQUEST"

THIS STATEMENT IS PROVIDED IN COMPLIANCE WITH THE PROVISIONS OF THE PRIVACY ACT OF 1974 (PL 93-579) WHICH REQUIRES THAT FEDERAL AGENCIES MUST INFORM INDIVIDUALS WHO ARE REQUESTED TO FURNISH INFORMATION ABOUT THEM SELFS AS TO THE FOLLOWING FACTS CONCERNING THE INFORMATION REQUESTED.

1. **AUTHORITY:** 5 U.S.C., DEPARTMENTAL REGULATIONS AND E.O. 9397(SSN)
2. **PRINCIPAL PURPOSE(S):** TO ACCESS MEMBER DATA ON THE ENLISTED ASSIGNMENT INFORMATION SYSTEM.
3. **ROUTINE USE(S):** TO PROCESS AWARD(S), REMOVAL(S) AND WAIVER(S) AS REQUESTED ON THE NAVPERS 1221/6.
4. **MANDATORY OR VOLUNTARY DISCLOSURE:** IF THE MEMBER DOES NOT PROVIDE SOCIAL SECURITY NUMBER THE NEC REQUEST WILL NOT BE PROCESSED.

# REPORT OF SUITABILITY FOR OVERSEAS ASSIGNMENT

SUPPORTING DOCUMENTATION OPNAVINST 1300.14C

|  |  |   |  |                           |  |
|--|--|---|--|---------------------------|--|
| <b>MEMBER'S NAME:</b>  |  | <b>SSN:</b>   |  | <b>DATE:</b>              |  |
| <b>PRESENT SHIP/STATION:</b>   |  | <b>UIC:</b>   |  | <b>OVERSEAS LOCATION:</b> |  |
| <b>UIC:</b>  |  |   |  |                           |  |
| <b>NUMBER OF DEPENDENTS:</b>   |  |   |  |                           |  |
| <p><b>PART I: COMMAND REVIEW - The purpose of the Command Review is to determine, via record review and personal interview, member and spouse/family member(s)' suitability for overseas duty/life in the assigned overseas location. (To be completed by Commanding Officer of transferring command.) Refer to MILPERSMAN Articles 1300-302 and 1300-304. Any questions checked "YES" (with the exception of questions 11 and 15), disqualifies member for overseas assignment. If command still recommends member should be considered for overseas assignment, submit waiver request per MILPERSMAN 1300-302.</b></p> |  |   |  |                           |  |
| 1.   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | Has the member or any spouse/family member(s) previously been reassigned, prior to normal tour completion, due to their unsuitability?  |  |                           |  |
| 2.   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | (For Enlisted Personnel) Does the member refuse to obligate sufficient service (OBLISERV) to complete prescribed tour? If "NO", ensure member reenlist (NAVPERS 1070/621) to incur sufficient OBLISERV, per MILPERSMAN 1306-106. Page 13 entries for OBLISERV are prohibited. <b>(OBLISERVE MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS)</b> . For SRB issues, see the current NAVADMIN.                                    |  |                           |  |
| 3.   | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO | (E5 and above) Does the member, spouse, or family member(s) have serious problems of indebtedness, credit loss or other financial problems which have not been reconciled with the creditor(s) or interested parties (i.e., bankruptcy)?<br><br>a. (E4 and below) Member must complete debt-to-income (DTI) ratio screening IAW OPNAVINST 1740.5A, (Command Financial Specialist Training Manual 15608). Is DTI ratio 30% or greater. |  |                           |  |
| 4.   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | Has the member been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or had any involvement in any ongoing civil or criminal action?   |  |                           |  |
| 5.   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | Has spouse or any family member(s) been convicted for any civilian offense(s) (civil or criminal) within the last 24 months or have any involvement in any ongoing civil or criminal action?  |  |                           |  |
| 6.   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | Does the member have a record of any involvement with illegal drugs or alcohol within the past 24 months? For alcohol related cases, if member has completed an education or early intervention program, they are suitable for overseas assignment and this question can be answered "NO".  |  |                           |  |
| 7.   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | Does the spouse/family member(s) have a record of any involvement with illegal drugs or alcohol within the past 24 months?  |  |                           |  |
| 8.   | <input type="checkbox"/> YES <input type="checkbox"/> NO<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO | Is the member or spouse/family member(s) involved in an open FAP (Family Advocacy Program) case that is still under investigation or for which treatment is still ongoing? (Any case/cases that has/have been adjudicated "Closed," shall not be considered disqualifying).<br><br>a. In any case, does the local FAP representative have any reason to NOT favorably endorse member with family members for overseas duty?           |  |                           |  |
| 9.   | <input type="checkbox"/> YES <input type="checkbox"/> NO   | Was the member's spouse previously a member of the armed forces and the characterization of separation other than "Honorable"? Explain in the remarks section.  |  |                           |  |

|   |  |  |              |
|---|--|--|--------------|
| <b>MEMBER'S NAME:</b>   |  | <b>SSN:</b>  | <b>DATE:</b> |
| 10.   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Are there any concerns whether member/spouse has legal custody of all accompanying minor family members?   |              |
| 11.   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Are any of the member's family members covered in a custody agreement? If "NO," go to question 12.   |              |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO | a. Does agreement prevent removal of family members from CONUS without prior court approval or agreement between the interested parties? If "NO," go to question 12.   |              |
|   | <input type="checkbox"/> YES <input type="checkbox"/> NO | b. Has member obtained prior court approval of requisite agreement from other interested party for removal of family members from CONUS, if required by state law? (Please note: Navy policy does not require a separate agreement if not required by state law.)                    |              |
| 12.   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Single parents/military couples with family members). Are there any reasons why family member care requirements can not be met in accordance with OPNAVINST 1740.4A?   |              |
| <b>NOTE:</b> While the unique situation of single parents with family members is not in itself disqualifying, this fact should be pointed out upon submission of message certification of screening to NAVPERSCOM (PERS-40)/(EPMAC.)  |  |  |              |
| 13.   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Is member an initial accession enroute to his first duty station with pre-service moral waiver(s) (drug, alcohol, or criminal) as defined by COMNAVCRUITCOMINST 1130.8F?   |              |
| 14.   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Does member have a history of unsatisfactory or below standard performance (any mark below 3.0) in the last two years?   |              |
| 15.   | <input type="checkbox"/> YES <input type="checkbox"/> NO | Has member and adult dependents received "Level I" Antiterrorism Force Protection (Level III for O-5/O-6 Commanding Officer Awareness Training), prior to transfer, and recorded on Page 13? (Contact your local Family Service Center if training is not available at your command) |              |
| <b>FOR PERSONNEL E-3 AND BELOW: Ensure the member been counseled that personnel in these paygrades, having family members, will not be assigned accompanied overseas duty? Members can be assigned unaccompanied based on readiness needs. (NOTE: Single E-3 and below who acquire (a) family member(s) en route and bring them without dependent entry approval/command sponsorship, will most probably return them at personal expense and serve the complete area tour unaccompanied.)</b> |  |  |              |
| I have been counseled on the above: <input type="checkbox"/> YES <input type="checkbox"/> NO  |  |  |              |
| <b>MEMBER'S SIGNATURE:</b>  |  | <b>DATE:</b>   |              |
| <b>REMARKS:</b>   |  |  |              |
| I, _____, am aware that the failure to divulge disqualifying information or amplifying information (medical, dental, personal) pertaining to the questions on this checklist may ultimately result in disciplinary action punishable under the UCMJ.  |  |  |              |
| <b>MEMBER (NAME, RANK/RATE):</b>  |  | <b>MEMBER (SIGNATURE):</b>   | <b>DATE:</b> |
| <b>INTERVIEWER (NAME, RANK/RATE, COMMAND TITLE):</b>  |  | <b>INTERVIEWER (SIGNATURE):</b>  | <b>DATE:</b> |

|   |   |   |
|---|---|---|
| <b>MEMBER'S NAME:</b>   | <b>SSN:</b>   | <b>DATE:</b>  |
| <b>PART II: RECOMMENDATION OF COMMANDING OFFICER (OR OIC) OF<br/>MEDICAL TREATMENT FACILITY.</b>  |   |   |
| <b>Based on the information available as a result of screening and on the capabilities of the Medical/Dental Treatment Facility in the area of assignment to which ordered, the following recommendation is forwarded</b>   |   |   |
| 1. Medical, dental and educational screening was conducted per BUMEDINST 1300.2.  |   |   |
| 2. Recommendation is based on a review of NAVMED 1300/1, Part I and II. One form has been completed for each service and family member screened.  |   |   |
| 3. If a shaded block is checked on NAVMED 1300/1, coordination is required with the gaining MTF/DTF supporting the overseas, remote duty or operational location or with the senior medical department representative of an operational platform. Coordination must indicate whether or not required medical, dental or educational capabilities are available. |   |   |
| 4. Family member screening is not required if an unaccompanied tour of 24 months or less (Exception: Screening is required for Diego Garcia/Souda Bay, Crete).  |   |   |
| 5. Do not forward sensitive medical or personal information with this form.   |   |   |
| <b>The following recommendation(s) are made based on a review of each NAVMED 1300/1, Part I and II, and if required, the response from the gaining MTF/DTF or senior medical department representative of the gaining command:</b>  |   |   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO <b>SERVICE MEMBER IS SUITABLE FOR THIS ASSIGNMENT.</b>   |   |   |
| <b>FAMILY MEMBERS SUITABILITY FOR THIS ASSIGNMENT:</b>  |   |   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO     (NAME)   | <input type="checkbox"/> YES <input type="checkbox"/> NO     (NAME) |   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO     (NAME)   | <input type="checkbox"/> YES <input type="checkbox"/> NO     (NAME) |   |
| <input type="checkbox"/> YES <input type="checkbox"/> NO     (NAME)   | <input type="checkbox"/> YES <input type="checkbox"/> NO     (NAME) |   |
| <b>The following family member(s) were referred for Exceptional Family Member Program (EFMP) enrollment (DO NOT DELAY SCREENING FOR ESM DETERMINATION):</b>   |   |   |
| <b>NAME(s):</b>   |   |   |
| <b>NAME OF CO/OIC OR DESIGNEE OF TREATMENT FACILITY:</b>  | <b>DATE:</b>  | <b>SIGNATURE OF CO/OIC OR MEDICAL DESIGNEE OF MEDICAL TREATMENT FACILITY:</b> |



|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>AUTHORIZATION TO APPLY FOR A "NO-FEE" PASSPORT AND/OR REQUEST FOR VISA</b>   |  | <b>1. DATE PASSPORT OR VISA REQUIRED BY APPLICANT</b>        |  | <b>2. MAJOR SERVICE COMPONENT</b>  |  |
| <b>3. APPLICANT'S LAST NAME - FIRST NAME - MIDDLE NAME</b>  |  | <b>4. APPLICANT'S DATE OF BIRTH</b>                          |  | <b>5. APPLICANT'S PLACE OF BIRTH</b>   |  |
| <b>6. SPONSOR'S LAST NAME - FIRST NAME - MIDDLE NAME</b>  |  | <b>7. SPONSOR'S MILITARY RANK/CIVILIAN GRADE</b>             |  | <b>8. SPONSOR'S SSN</b>  |  |
| <input type="checkbox"/> (If same as Item 3, X block)   |  |  |  |  |  |
| <b>9.a. APPLICANT'S CURRENT HOME ADDRESS (Include ZIP Code)</b>   |  | <b>b. HOME TELEPHONE NUMBER (Include area code)</b>          |  |  |  |
|   |  | <b>c. OFFICE TELEPHONE NUMBER (Include area code/DSN)</b>    |  |  |  |
| <b>10.a. INTERIM ADDRESS WHERE APPLICANT MAY BE CONTACTED AFTER DEPARTING LOCATION INDICATED IN ITEM 9 (Include ZIP Code)</b>   |  | <b>b. NAME OF PERSON WITH WHOM RESIDING</b>                  |  |  |  |
|   |  | <b>c. TELEPHONE (Incl. area code)</b>                        |  | <b>d. AGENT ID CODE (If applicable)</b>  |  |
| <b>11. DESTINATION (Country or Countries)</b>   |  | <b>12. SPECIAL ASSIGNMENT REQUIRING PASSPORT* (See Note)</b> |  | <b>13. PASSPORT WILL BE FORWARDED TO: (Include complete mailing address, building number, room number, ZIP Code, and telephone number/DSN)</b> |  |
| <b>14. ESTIMATED DATE OF DEPARTURE (From country in which applicant is currently residing)</b>  |  | <b>15. PROPOSED LENGTH OF STAY</b>                           |  |  |  |
|   |  |  |  |  |  |
| <b>17. ADDITIONAL INFORMATION (Attach continuation sheets if necessary)</b>   |  | <b>16. AUTHORIZING OFFICIAL</b>                              |  |  |  |
|   |  | <b>a. NAME (Last, First, Middle Initial)</b>                 |  |  |  |
|   |  | <b>b. GRADE</b>  |  | <b>c. TITLE</b>  |  |
|   |  | <b>d. COMPLETE MAILING ADDRESS (Include ZIP Code)</b>        |  |  |  |
|   |  | <b>e. TELEPHONE NUMBER (Include area code/DSN)</b>           |  |  |  |
|   |  | <b>f. SIGNATURE OF AUTHORIZING OFFICIAL</b>                  |  | <b>g. DATE</b>   |  |
| <b>FOR USE BY ISSUING OR RECEIVING AGENT (Suspense Control)</b>   |  |  |  |  |  |
| <b>18. DATE APPLIED FOR PASSPORT</b>  |  | <b>19. PLACE APPLIED FOR PASSPORT</b>                        |  | <b>20. NAME OF COURT OR PASSPORT AGENT</b>   |  |
| <b>21. DATE PASSPORT RECEIVED FROM DEPARTMENT OF STATE</b>  |  | <b>22. PASSPORT NUMBER</b>                                   |  | <b>23. DATE OF PASSPORT ISSUE</b>  |  |
| <b>24. PASSPORT EXPIRATION DATE</b>   |  |  |  |  |  |
| <b>25. DOCUMENT(S) INCLUDED WITH PASSPORT</b>   |  | <b>26. COUNTRY AND DATE VISA REQUESTED</b>                   |  | <b>27. DATE PASSPORT RECEIVED WITH VISA</b>  |  |
|   |  |  |  | <b>28. DATE PASSPORT MAILED</b>  |  |
| <b>PRIVACY ACT STATEMENT</b>  |  |  |  |  |  |
| <p><b>AUTHORITY:</b> Sections 3012, 8012, 5031, Title 10 USC; 22 CFR 51.63; EO 9397.</p> <p><b>PRINCIPAL PURPOSE:</b> To provide authority for issue of "No-Fee" passport and/or request for a visa which is an endorsement stamped or written on a passport, showing that it has been examined by the proper officials of a country and granting entry into that country. The Social Security Number is required to verify and/or identify the applicant.</p> <p><b>ROUTINE USES:</b> Information is used in conjunction with application for passport/visa and foreign travel. Information may be released to other DoD agencies, various activities within the Department of State, foreign embassies and consulates.</p> <p><b>DISCLOSURE:</b> Voluntary; however, if applicant does not provide information, a "No-Fee" passport cannot be authorized.</p> <p><b>*NOTE:</b> If assignment is to Attache; MAAG; JUSMMAT; Security Assistance Liaison Office (SALO); OSP or other Special Advisory Group, e.g., CENTO; or any particular assignment that will govern type and need for a passport, enter such information. If not, enter "Not Applicable."</p> |  |  |  |  |  |



# U.S. Department of State APPLICATION FOR A US PASSPORT

OMB APPROVAL NO. 1405-0004  
EXPIRATION DATE: 05/30/2005  
ESTIMATED BURDEN: 85 Minutes  
(See Instruction Page 2)

**WARNING:** False statements made knowingly and willfully in passport applications, including affidavits or other supporting documents submitted therewith, are punishable by fine and/or imprisonment under provisions of 18 USC 1001, and 18 USC 1542. Alteration or mutilation of a passport issued pursuant to this application is punishable by fine and/or imprisonment under the provisions of 18 USC 1543. The use of a passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 USC 1544. All statements and documents are subject to verification.

|   |  |   |  |   |  |   |  |
|---|--|---|--|---|--|---|--|
| 1. Name of Applicant  |  |   |  |   |  | <input type="checkbox"/> 5 Yr. <input type="checkbox"/> 10 Yr. Issue Date: _____<br><input type="checkbox"/> R <input type="checkbox"/> D <input type="checkbox"/> O <input type="checkbox"/> DP<br>End. # _____ Exp. _____ |  |
| Last  |  | Suffix (Jr., Sr., III)                                |  |   |  | 2. Date of Birth (mm-dd-yyyy)   |  |
| First   |  | Middle  |  |   |  |   |  |
| 3. Sex<br><input type="checkbox"/> M <input type="checkbox"/> F   |  | 4. Place of Birth<br>(City & State OR City & Country) |  | 5. Social Security Number<br>(Referred to in Law Notice on Instruction Page 2)  |  | 6. Alien Registration No.<br>(If applicable)  |  |
| 7. Height<br>Feet _____ Inches _____  |  | 8. Hair Color   |  | 9. Eye Color  |  | 10. Occupation  |  |
|   |  |   |  |   |  | 11. Employer  |  |
| 12. E-Mail Address (Optional)   |  |   |  | 13. Mailing Address   |  |   |  |
|   |  |   |  | Street / RFD # OR Post Office Box   |  | Apartment #   |  |
|   |  |   |  | City  |  | State   |  |
|   |  |   |  | Country (If outside the US)   |  | In Care of (If applicable)  |  |
|   |  |   |  | 14. Permanent Address or Residence (If same as mailing address write "Same As Above")   |  |   |  |
|   |  |   |  | Street / RFD # (DO NOT LIST P.O. BOX)   |  | Apartment #   |  |
|   |  |   |  | City  |  | State   |  |
|   |  |   |  | Zip Code  |  |   |  |
|   |  |   |  | 15. Home Telephone (Include Area Code)  |  | 16. Business Telephone (Include Area Code)  |  |
|   |  |   |  | ( )   |  | ( )   |  |
| 17. Have you ever applied for or been issued a US passport? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the remaining items in block #17 and submit most recent passport. |  |   |  |   |  |   |  |
| Name in which your most recent passport was issued.   |  |   |  | States of recent passport<br>Submitted <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> Other _____ |  |   |  |
| Most recent passport number.  |  |   |  | Approximate date your most recent US passport was issued or date you applied.   |  |   |  |
| 18. Travel Plans  |  |   |  |   |  |   |  |
| Date of Trip (mm-dd-yyyy)   |  | Length of Trip  |  | Countries to be Visited   |  |   |  |
|   |  |   |  |   |  |   |  |
| 19. Have you ever been married? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the remaining items in block #19  |  |   |  |   |  |   |  |
| Spouse's or Former Spouse's Full Name   |  |   |  | Is your spouse (or former spouse) a U.S. citizen?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                             |  |   |  |
| Date of Birth (mm-dd-yyyy)  |  | Place of Birth  |  | Date of Most Recent Marriage  |  | Widowed? <input type="checkbox"/> Divorced? <input type="checkbox"/>  |  |
|   |  |   |  |   |  | Give Date: _____  |  |
| 20. What other names have you used? (Include name changes, maiden name, & former married names)   |  |   |  |   |  |   |  |
| 1)  |  | 2)  |  | 3)  |  | 4)  |  |

|   |       |                           |   |                                   |                       |
|---|-------|---------------------------|---|-----------------------------------|-----------------------|
| <b>NAME OF APPLICANT (Last, First, Middle)</b>  |       |                           |   | <b>Date of Birth (mm-dd-yyyy)</b> |                       |
| <b>21. Parental Information</b>   |       |                           |   |                                   |                       |
| <b>Mother's Maiden Name</b>   |       |                           | <b>Date of Birth</b>  |                                   | <b>Place of Birth</b> |
| Last  | First | Middle                    |   |                                   |                       |
| <b>Father's Name</b>  |       |                           | <b>Date of Birth</b>  |                                   | <b>Place of Birth</b> |
| Last  | First | Middle                    |   |                                   |                       |
| Is your mother a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO   |       |                           | Is your father a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO |                                   |                       |
| <b>22. Emergency Contact</b> - Provide the information of a person not traveling with you to be contacted in the event of an emergency. |       |                           |   |                                   |                       |
| <b>Name</b>   |       |                           | <b>Street / RFD #</b>   |                                   |                       |
| Apartment #   | City  |                           | State   |                                   | Zip Code              |
| Telephone (      )  |       | E-Mail Address (Optional) |   | Relationship                      |                       |

**STOP**

**DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY PERSON ADMINISTERING OATH.**

**23. Oath & Signature**

I declare under penalty of perjury that I am a United States citizen and have not, since acquiring United State citizenship, performed any of the acts listed under "Acts or Conditions" on this application form (unless explanatory statement is attached). I solemnly swear (or affirm) that the statements made on this application are true and correct and the photograph attached is a true likeness of me.

X \_\_\_\_\_  
Applicant's Signature - age 14 and older

X \_\_\_\_\_  
Mother's Legal Guardian's Signature (If identifying minor)

X \_\_\_\_\_  
Father's Legal Guardian's Signature (If identifying minor)

**Applicant's or Father's Identification Information**

|  |                        |
|--|------------------------|
| <u>Type of Document</u>                          | <u>Issue Date</u>      |
| <input type="checkbox"/> Driver's License        | <u>Expiration Date</u> |
| <input type="checkbox"/> Passport                | <u>Place of Issue</u>  |
| <input type="checkbox"/> Military Identification |                        |
| <input type="checkbox"/> Other (Specify) _____   |                        |

Name \_\_\_\_\_  
ID Number \_\_\_\_\_

**Mother's Identification Information**

|  |                        |
|--|------------------------|
| <u>Type of Document</u>                          | <u>Issue Date</u>      |
| <input type="checkbox"/> Driver's License        | <u>Expiration Date</u> |
| <input type="checkbox"/> Passport                | <u>Place of Issue</u>  |
| <input type="checkbox"/> Military Identification |                        |
| <input type="checkbox"/> Other (Specify) _____   |                        |

Name \_\_\_\_\_  
ID Number \_\_\_\_\_

**FOR ACCEPTANCE AGENT USE ONLY**

Facility Identification Number \_\_\_\_\_

☐ Acceptance Agent; Facility Name & Location \_\_\_\_\_

☐ (Vice) Consul USA; Location \_\_\_\_\_

☐ Passport Services Staff Agent

Subscribed & sworn to (affirmed) before me \_\_\_\_\_

(Signature of person authorized to accept application) \_\_\_\_\_

Date (mm-dd-yyyy) \_\_\_\_\_

(SEAL)

**For Issuing Office Use Only**

Name as it appears on citizenship evidence: \_\_\_\_\_

☐ Birth Certificate ☐ SR ☐ CR ☐ City **File Date:** \_\_\_\_\_ **Issue Date:** \_\_\_\_\_

☐ Passport **Issue Date:** \_\_\_\_\_

☐ Report of Birth ☐ 240 ☐ 545 ☐ 1350 **Issue Date:** \_\_\_\_\_

☐ Naturalization Certificate **Issue Date:** \_\_\_\_\_ **Cert. #:** \_\_\_\_\_

☐ Citizenship Certificate **Issue Date:** \_\_\_\_\_ **Cert. #:** \_\_\_\_\_

☐ Other: \_\_\_\_\_

☐ Seen & Returned

☐ Attached: \_\_\_\_\_

**FEE** \_\_\_\_\_ **EXEC.** \_\_\_\_\_ **EF** \_\_\_\_\_ **OTHER** \_\_\_\_\_

APPLICATION APPROVAL



(CH-3, 05JAN05)

## Reporting Member's RECEIPT PACKAGE

*The following items must be properly completed and submitted to your Command Pass Liaison Representative (PLR) in order to obtain an appointment for Receipts processing. **Incomplete packages will prevent member from being assigned an appointment.***

1. PSD Appointment Sheet
2. Member's Personal Information Sheet
3. Pen and ink changes to existing Page 2 and SGLI.
4. Member's Receipt Check-Off List signed by Command's PLR.
5. Original and 3 copies of the orders with reporting endorsement from command **for ENLISTED. 3 copies of orders with reporting endorsement from command for OFFICERS.**
6. Original and 2 **copies** of **COMPLETED** Travel Claim(s) (DD Form 1351-2) with supporting documents (i.e. lodging receipts, plan ticket receipts, etc). Complete Missing Receipt Form if necessary. See Travel Claim Check off Sheet for help.
7. Temporary Lodging Expense (TLE) Claim form for CONUS expenses and if entitled. Provide copy of lodging receipts to match claim.
8. Temporary Lodging Allowance (TLA) Information Sheet (If member is authorized by Housing Office **or BOQ/BEQ**)
9. Command approval letter for the following, if applicable:
  - a. COMRATS/BAS (approved appropriately)
  - b. Authorization to live off-base,
  - c. Special Pays (SDAP, Dive Qualifications, Foreign Language Evaluations, Responsibility Pay, etc.)

**IMPORTANT: SERVICE RECORD WILL BE KEPT IN THE PSD RECEIPTS SECTION AND WILL BE SUBMITTED TO THE VAULT WHEN PROCESSED IS COMPLETED. RECORD WILL NOT BE ACCESSIBLE DURING THIS PROCESS PERIOD.**

Special Note:

-If applying for TLA with Dependents, provide the following to PSD.

- a) TLA authorization form from Housing Office.
- b) Hotel/parking lot receipts.

-If applying for TLA Single/Geo Bachelors, provide the following to PSD.

- a) Statement of Non-Availability of government quarters from BOQ/BEQ.
- b) Hotel/parking lot receipts.

Additional requirement if the member is submitting TLA claims prior of receiving RECEIPTS PACKAGE.

- a) Copy of orders with reporting endorsement from command.
- b) Copy of existing Pen and Ink changes to existing Page 2.

## MEMBER'S PERSONAL INFORMATION SHEET

|  |  |
|--|--|
| <p><b>NAME</b> <input style="width: 100%;" type="text"/></p> <p><b>SSN</b> <input style="width: 100%;" type="text"/></p> <p><b>RATE</b> <input style="width: 100%;" type="text"/></p> <p><b>RANK</b> <input style="width: 100%;" type="text"/></p> <p><b>Member's Resident Address</b> <input style="width: 100%; height: 30px;" type="text"/></p> <p><b>PHONE #</b> <input style="width: 100%;" type="text"/></p> <p><b>EMAIL</b> <input style="width: 100%;" type="text"/></p> | <p><b>NEW COMMAND UIC</b> <input style="width: 100%;" type="text"/></p> <p><b>REPORT DATE</b> <input style="width: 100%;" type="text"/></p> <p><b>Last Transfer Date</b> <input style="width: 100%;" type="text"/></p> <p><b>Work Phone #</b> <input style="width: 100%;" type="text"/></p> <p><b>Special Pays ON TLA</b> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <b>YES</b> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> <b>NO</b></p> |
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## DEPENDENT PCS INFORMATION

|                              | Dependents Name (Who PCS)                               | Relationship                              | Age                                       | Date Arrived                              |
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| <b>Depns Current Address</b> | <input style="width: 100%; height: 100%;" type="text"/> |   |   |   |
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## Pass Liaison Representative's RECEIPTS CHECK-OFF LIST

|   |   |  |
|---|---|--|
| <b>MEMBER'S RATE/RANK AND NAME/COMMAND:</b> |   |  |
| <b>PLRS' INITIAL</b>                        | Receipts Package must be <b>COMPLETED</b> and presented with service record to the Leading Petty Officer of the Receipts Division within <b>72 hours of report date.</b>  |  |
|   | <b>COMPLETED</b> Member's Personal Information Sheet  |  |
|   | Pen & ink changes to existing Emergency Data (Page 2) Ensure <i>PNOK/SNOK is designated with relationship, current address and phone numbers.</i>   |  |
|   | Pen & Ink changes to existing SGLI. <i>Ensure beneficiaries reflect current address and coincides with Page 2 information</i>   |  |
|   | <b>Original and three (3) copies</b> of Command <b>ENDORSED</b> Orders (full set of orders, not just the first page) <b>for ENLISTED. 3 Copies of ENDORSED Orders for OFFICERS.</b> <i>Ensure copies reflect legible reporting endorsement.</i>   |  |
|   | <b>Original and one (2) copy</b> of <b>COMPLETED</b> Travel Claim with supporting travel itinerary, receipts (travel/hotel), BEQ/BOQ statement of non assignment, Pet Quarantine, etc. Note: Complete LOST Receipt Form if necessary.   |  |
|   | <b>COMPLETED</b> Temporary Lodging Expense (TLE) Claim, if applicable to member supported with hotel receipts. (Conus to Out-Conus)   |  |
|   | <b>COMPLETED</b> Temporary Lodging Allowance Information Sheet, if member is eligible for TLA. Must be authorized by Housing Office or BOQ/BEQ.   |  |
|   | <b>Approved</b> Special Request Chit or letter for COMRATS/BAS (by COMAVREG) if applicable/available  |  |
|   | BEQ/BOQ Check out Sheet and COMNAVREG approval to live off base if applicable.  |  |
|   | Command memo to start Special Pays (SDAP, Dive Pay, Foreign Language, etc.)   |  |
|   | Acknowledgement by Command PLR:<br><br>"I certify the above to be complete for Receipt Processing. I understand that an incomplete package will prevent member from being assigned an appointment."<br><br><div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>             Command PLR's Signature           </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/>             Date           </div> </div> |  |
|   | Phone Number: _____ Email: _____  |  |

# Travel Claim Check Off Sheet

Rev: 9/03

The following travel claim package must be verified and assembled in below orders by PLRs prior to forwarding to Receipts Division or Travel Division for processing.

- \_\_\_\_\_ DD Form 1351-2 Travel Voucher or Subvoucher
- \_\_\_\_\_ Endorsed Travel Orders
- \_\_\_\_\_ Amendments
- \_\_\_\_\_ Lodging Receipts and Temporary Lodging Expense Certificate (if applicable)
- \_\_\_\_\_ Rental Car Receipts
- \_\_\_\_\_ Flight Itinerary
- \_\_\_\_\_ Any receipts which can be provided. Mandatory submission of receipts is required for expenses over \$75.00 (Submit Certificate of Unaavilable/Lost Receipt Form, if necessary)

## Points to Remember:

All information asked for on the form MUST be filled out in it's entirety. Additionally, email address for both PLR and Traveler must be provided. If the traveler has classified email address and we are unable to contact the traveler, the traveler must indicate a secondary/backup email address. A suggestion is to provide another POC within the Admin department/PLR/Travel Coordinator's email address. Bottom line, Travel Section needs two email addresses provided on the transmittal sheet.

| <b>TRAVEL VOUCHER OR SUBVOUCHER</b>   |  |   |                 | Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form. Use typewriter, ink, or ball point pen. PRESS HARD. DO NOT use pencil. If more space is needed, continue in remarks. |               |                              |  |                 |  |
|---|--|---|-----------------|--|---------------|------------------------------|--|-----------------|--|
| <b>1. PAYMENT</b>   |  | <b>SPLIT DISBURSEMENT:</b> The Paying Office will pay directly to the Government Travel Charge Card (GTCC) contractor the portion of your reimbursement representing travel charges for transportation, lodging, and rental car if you are a civilian employee, unless you elect a different amount. Military personnel are required to designate a payment that equals the total of their outstanding government travel card balance to the GTCC contractor. |                 |  |               |                              |  |                 |  |
| <input type="checkbox"/> Electronic Fund Transfer (EFT)<br><input type="checkbox"/> Payment by Check  |  | Pay the following amount of this reimbursement directly to the Government Travel Charge Card contractor: \$ _____   |                 |  |               |                              |  |                 |  |
| <b>2. NAME</b> (Last, First, Middle Initial) (Print or type)  |  |   | <b>3. GRADE</b> |  | <b>4. SSN</b> |                              | <b>5. TYPE OF PAYMENT</b> (X as applicable)  |                 |  |
| 6. ADDRESS. a. NUMBER AND STREET  |  |   | b. CITY         |  | c. STATE      |                              | d. ZIP CODE  |                 |  |
| e. E-MAIL ADDRESS   |  |   |                 |  |               |                              | <input type="checkbox"/> TDY <input type="checkbox"/> Member/Employee<br><input type="checkbox"/> PCS <input type="checkbox"/> Other<br><input type="checkbox"/> Dependent(s) <input type="checkbox"/> DLA |                 |  |
| <b>7. DAYTIME TELEPHONE NUMBER &amp; AREA CODE</b>  |  | <b>8. TRAVEL ORDER/AUTHORIZATION NUMBER</b>   |                 | <b>9. PREVIOUS GOVERNMENT PAYMENTS/ ADVANCES</b>   |               | <b>10. FOR D.O. USE ONLY</b> |  |                 |  |
|   |  |   |                 |  |               | a. D.O. VOUCHER NUMBER       |  |                 |  |
| <b>11. ORGANIZATION AND STATION</b>   |  |   |                 |  |               | b. SUBVOUCHER NUMBER         |  |                 |  |
| <b>12. DEPENDENT(S)</b> (X and complete as applicable)  |  | <b>13. DEPENDENTS' ADDRESS ON RECEIPT OF ORDERS</b> (Include Zip Code)  |                 |  |               | c. PAID BY                   |  |                 |  |
| <input type="checkbox"/> ACCOMPANIED <input type="checkbox"/> UNACCOMPANIED<br>a. NAME (Last, First, Middle Initial) b. RELATIONSHIP c. DATE OF BIRTH OR MARRIAGE |  |   |                 |  |               | d. COMPUTATIONS              |  |                 |  |
|   |  |   |                 | <b>14. HAVE HOUSEHOLD GOODS BEEN SHIPPED?</b> (X one)  |               |                              |  |                 |  |
|   |  |   |                 | <input type="checkbox"/> YES <input type="checkbox"/> NO (Explain in Remarks)  |               |                              |  |                 |  |
| <b>15. ITINERARY</b>  |  |   |                 | c. MEANS/ MODE OF TRAVEL   |               | d. REASON FOR STOP           |  | e. LODGING COST |  |
| a. DATE b. PLACE (Home, Office, Base, Activity, City and State; City and Country, etc.)   |  |   |                 | f. POC MILES   |               |                              |  |                 |  |
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## PRIVACY ACT STATEMENT

**AUTHORITY:** 5 U.S.C. Section 5701, 37 U.S.C. Sections 404 - 427, 5 U.S.C. Section 301, DoDFMR 7000.14-R, Vol. 9, and E.O. 9397.

**PRINCIPAL PURPOSE(S):** This record is used for reviewing, approving, accounting, and disbursing money for claims submitted by Department of Defense (DoD) travelers for official Government travel. The Social Security number (SSN) is used to maintain a numerical identification filing system for filing and retrieving individual claims.

**ROUTINE USE(S):** Disclosures are permitted under 5 U.S.C. 552a(b), Privacy Act of 1974, as amended. In addition, information may be disclosed to the Internal Revenue Service for travel allowances, which are subject to Federal income taxes, and for any DoD "Blanket Routine Use" as published in the Federal Register.

**DISCLOSURE:** Voluntary; however, failure to furnish the information requested may result in total or partial denial of the amount claimed.

## PENALTY STATEMENT

There are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729).

## INSTRUCTIONS

### ITEM 1 - PAYMENT

Member must be on electronic funds (EFT) to participate in split disbursement. Split disbursement is a payment method by which you may elect to pay your official travel card bill and forward the remaining settlement dollars to your predesignated account. For example, \$250.00 in the "Amount to Government Travel Charge Card" block means that \$250.00 of your travel settlement will be electronically sent to the charge card company. Any dollars remaining on this settlement will automatically be sent to your predesignated account. Should you elect to send more dollars than you are entitled, "all" of the settlement will be forwarded to the charge card company. Notification: you will receive your regular monthly billing statement from the Government Travel Charge Card contractor; it will state: paid by Government, \$250.00, 0 due. If you forwarded less dollars than you owe, the statement will read as: paid by Government, \$250.00, \$15.00 now due. Payment by check is made to travelers only when EFT payment is not directed.

### REQUIRED ATTACHMENTS

1. Original and/or copies of all travel orders/authorizations and amendments, as applicable.
2. Two copies of dependent travel authorization if issued.
3. Copies of secretarial approval of travel if claim concerns parents who either did not reside in your household before their travel and/or will not reside in your household after travel.
4. Copy of GTR, MTA or ticket used.
5. Hotel/motel receipts and any item of expense claimed in an amount of \$75.00 or more.
6. Other attachments will be as directed.

### ITEM 15 - ITINERARY - SYMBOLS

#### 15c. MEANS/MODE OF TRAVEL *(Use two letters)*

|                                  |     |            |     |
|----------------------------------|-----|------------|-----|
| GTR/TKT or CBA <i>(See Note)</i> | - T | Automobile | - A |
| Government Transportation        | - G | Motorcycle | - M |
| Commercial Transportation        |     | Bus        | - B |
| <i>(Own expense)</i>             | - C | Plane      | - P |
| Privately Owned                  |     | Rail       | - R |
| Conveyance <i>(POC)</i>          | - P | Vessel     | - V |

Note: Transportation tickets purchased with a CBA must not be claimed in Item 18 as a reimbursable expense.

#### 15d. REASON FOR STOP

|                         |      |                  |      |
|-------------------------|------|------------------|------|
| Authorized Delay        | - AD | Leave En Route   | - LV |
| Authorized Return       | - AR | Mission Complete | - MC |
| Awaiting Transportation | - AT | Temporary Duty   | - TD |
| Hospital Admittance     | - HA | Voluntary Return | - VR |
| Hospital Discharge      | - HD |                  |      |

#### ITEM 15e. LODGING COST

Enter the total cost for lodging.

### ITEM 19 - DEDUCTIBLE MEALS

Meals consumed by a member/employee when furnished with or without charge incident to an official assignment by sources other than a government mess (*see JFTR, par. U4125-A3g and JTR, par. C4554-B for definition of deductible meals*). Meals furnished on commercial aircraft or by private individuals are not considered deductible meals.

### 29. REMARKS

- a. INDICATE DATES ON WHICH LEAVE WAS TAKEN:
- b. ALL UNUSED TICKETS (*including identification of unused "e-tickets"*) MUST BE TURNED IN TO THE T/O OR CTO.



**CERTIFICATION FOR UNAVAILABLE/LOST RECEIPT**

I HEREBY CERTIFY THAT I INCURRED THE FOLLOWING EXPENSE(S) FOR WHICH THE RECEIPT IS UNAVAILABLE AND/OR LOST FOR PRESENTATION WITH THIS TRAVEL CLAIM.

LODGING EXPENSES:

PROCURED AT: \_\_\_\_\_  
(Hotel Name, City, State/Country)  
FOR PERIOD \_\_\_\_\_ THRU \_\_\_\_\_ AT A COST OF  
\$ \_\_\_\_\_ PER DAY, FOR A TOTAL COST OF \$ \_\_\_\_\_

-----  
PROCURED AT: \_\_\_\_\_  
(Hotel Name, City, State/Country)  
FOR PERIOD \_\_\_\_\_ THRU \_\_\_\_\_ AT A COST OF  
\$ \_\_\_\_\_ PER DAY, FOR A TOTAL COST OF \$ \_\_\_\_\_

AIRLINE TICKET(S):

FROM \_\_\_\_\_ TO \_\_\_\_\_ DATE \_\_\_\_\_ COST \_\_\_\_\_

RENTAL CAR:

FROM \_\_\_\_\_ TO \_\_\_\_\_ DATE \_\_\_\_\_ COST \_\_\_\_\_

PROVIDE STATEMENT EXPLAINING WHY RECEIPT ISN'T FURNISHED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I AM SUBMITTING THIS STATEMENT IN LIEU OF UNAVAILABLE AND/OR LOST RECEIPT(S). I MAKE THE FOREGOING CERTIFICATION WITH THE FULL KNOWLEDGE OF THE PENALITIES FOR WILLFULLY MAKING A FALSE STATEMENT (18 USC 1001). I UNDERSTAND THAT IF ANY PORTION OF THE CLAIM IS DETERMINED TO BE FRAUDULANT, PAYMENT FOR THE ENTIRE CLAIM MAY BE DENIED.

\_\_\_\_\_  
Signature/Date



**ARRIVAL  
TEMPORARY LODGING ALLOWANCE (TLA)  
INFORMATION SHEET**

|  |   |             |
|--|---|-------------|
| NAME (Last, First, MI):  | RANK/RATE:  | SSN:        |
| COMMAND:   | UIC:  | WORK PHONE: |
| REPORT DATE:   | TLA HOTEL:  |             |
| INITIALS   |   |             |
|  | The purpose of TLA is to <b>PARTIALLY</b> reimburse a member for more than normal expenses incurred while occupying temporary lodging accommodations.   |             |
|  | FAMILY MEMBERS <b>MUST BE COMMAND-SPONSORED</b> prior to the effective date of orders.  |             |
|  | TLA is payable in 10 or less day increments, with a paid receipt and TLA authorization, not to exceed 60 calendar days (including periods of TAD off the island) from the date of reporting. Waivers may be requested via letter to COMNAVBASE Pearl Harbor.  |             |
|  | TLA is not payable to the member while on leave (prior to report date) or TAD off the island. If the member is TAD off the island, TLA may be paid only for family members who remain on island.  |             |
|  | TLA is payable when staying with friends/relatives (meal allowance only) or in temporary lodging on the island of Oahu only.  |             |
|  | Immediately after reporting to command, personnel arriving with their family members are <u>required</u> to register with the Navy Aloha Center within 72 hours for a housing assignment appointment and TLA authorization due to non-availability of government quarters. The member or a family member (with power of attorney) is required to have a copy of permanent change of station (PCS) orders (with command reporting endorsement), the detaching endorsement and the Page 2 (Record of Emergency Data). |             |
|  | Single and geographical bachelors must check-in with the BOQ/BEQ to obtain lodging. If lodging is not available, the member will be issued a Statement of non-availability of government quarters from the BOQ/BEQ. If a Statement of non-availability is issued, the member must then register with the Navy Housing Referral Office to show active search for permanent quarters. Single and geographical bachelors attached to an Afloat command are NOT eligible to receive TLA.                                |             |
|  | The Navy Aloha Center and Housing Referral Office is located at 988 Spence Street (Bldg 2562) adjacent to Moanalua Shopping Center and can be contacted at 474-1800.  |             |
|  | All payments are made via EFT to the bank account where regular pay is deposited. EFT payments normally post to the bank account within 3 working days after claim submission.  |             |
|  | Member may submit TLA claim NO EARLIER THAN the 7 <sup>th</sup> day of the 10 <sup>th</sup> day increment. Member must have been processed on board new duty station and provide valid paid or advance hotel receipts and TLA authorization from Housing.   |             |
|  | Final TLA will <b>NOT</b> be paid unless Page 2 and SGLI is updated and signed by member reflecting new permanent address. In addition to the final TLA documents, documentation of government quarter's assignment or rental/mortgage agreement is required. The TLA Clerk will update/start applicable station allowances (i.e. BAH and/or COLA).   |             |
| <p>"I have been briefed and understand the provisions regarding entitlement to Arrival TLA and my responsibilities as contained in COMNAVBASEPEARLINST 7220.2d and will promptly notify the command of any change in statutes affecting entitlement thereto."</p> <p style="text-align: right;">_____<br/>(Member's signature)</p> |   |             |

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

|  |       |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|-------|--|--------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <b>A</b> NAME OF PAYEE ( <i>last, first, middle initial</i> )  |       | <b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )  |       | <b>E</b> DEPOSITOR ACCOUNT NUMBER<br><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |       |  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY   | STATE | ZIP CODE   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TELEPHONE NUMBER<br>AREA CODE  |       | <b>F</b> TYPE OF PAYMENT ( <i>Check only one</i> )   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT   |       | <input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>C</b> CLAIM OR PAYROLL ID NUMBER  |       | <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Prefix Suffix  |       | <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire.   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |       | <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |       | <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other <i>(specify)</i>  |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |       | <b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY ( <i>if applicable</i> )   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |       | TYPE   | AMOUNT |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>PAYEE/JOINT PAYEE CERTIFICATION</b><br>I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. |       | <b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> )<br>I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.   |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNATURE  | DATE  | SIGNATURE  | DATE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNATURE  | DATE  | SIGNATURE  | DATE   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

|                        |                           |
|------------------------|---------------------------|
| GOVERNMENT AGENCY NAME | GOVERNMENT AGENCY ADDRESS |
|------------------------|---------------------------|

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

|   |                             |   |      |  |  |  |  |  |  |  |  |  |  |  |  |
|---|-----------------------------|---|------|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME AND ADDRESS OF FINANCIAL INSTITUTION   |                             | ROUTING NUMBER<br><table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> |      |  |  |  |  |  |  |  |  |  |  | CHECK<br>DIGIT<br><table border="1"><tr><td></td></tr></table> |  |
|   |                             |   |      |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                             |   |      |  |  |  |  |  |  |  |  |  |  |  |  |
|   |                             | DEPOSITOR ACCOUNT TITLE   |      |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FINANCIAL INSTITUTION CERTIFICATION</b><br>I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210. |                             |   |      |  |  |  |  |  |  |  |  |  |  |  |  |
| PRINT OR TYPE REPRESENTATIVE'S NAME   | SIGNATURE OF REPRESENTATIVE | TELEPHONE NUMBER  | DATE |  |  |  |  |  |  |  |  |  |  |  |  |

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

**BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

**INFORMATION FOUND ON CHECKS**

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (C) Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- (F) Type of payment is printed to the left of the amount.

**United States Treasury** 15-51  
000  
AUSTIN, TEXAS

Month Day Year  
08 31 84

Check No.  
0000 415785

Pay to the order of

28 28

DOLLARS CTS  
\$\*\*\*\*100 00

**NOT NEGOTIABLE**

①:00000518① 041571926①

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

## STATE OF LEGAL RESIDENCE CERTIFICATE

### DATA REQUIRED BY THE PRIVACY ACT OF 1974

**AUTHORITY:** Tax Reform Act of 1976, Public Law 94-455.

**PURPOSE:** Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

**ROUTINE USES:** Information herein will be furnished State authorities and to Members of Congress.

**MANDATORY OR VOLUNTARY DISCLOSURE:** Disclosure is voluntary. If not provided, State income taxes will be withheld based on the tax laws of the State previously certified as your legal residence, or in the absence of a prior certification, the tax laws of the applicable State based on your home of record.

**NAME** (Last, first, middle initial)

**SOCIAL SECURITY NUMBER** (SSN)

**LEGAL RESIDENCE/DOMICILE** (City or county and State)

### INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile.

In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

**SIGNATURE**

**CURRENT MAILING ADDRESS** (Include ZIP Code)

**DATE**

# Form W-4 (2006)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2006 expires February 16, 2007. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-

earner/two-job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See line **E** below.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax.

**Two earners/two jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2006. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Recent name change?** If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 to initiate a name change and obtain a social security card showing your correct name.

## Personal Allowances Worksheet (Keep for your records.)

|  |  |                |
|--|--|----------------|
| <b>A</b>   | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> _____ |
| <b>B</b>   | Enter "1" if: <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• You are single and have only one job; or</div><div style="display: inline-block; vertical-align: middle;">• You are married, have only one job, and your spouse does not work; or</div><div style="display: inline-block; vertical-align: middle;">• Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.</div></div> | <b>B</b> _____ |
| <b>C</b>   | Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .  | <b>C</b> _____ |
| <b>D</b>   | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> _____ |
| <b>E</b>   | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> _____ |
| <b>F</b>   | Enter "1" if you have at least \$1,500 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .   | <b>F</b> _____ |
| <b>(Note.</b> Do not include child support payments. See <b>Pub. 503</b> , Child and Dependent Care Expenses, for details.)  |  |                |
| <b>G</b>   | <b>Child Tax Credit</b> (including additional child tax credit): <ul style="list-style-type: none"><li>• If your total income will be less than \$55,000 (\$82,000 if married), enter "2" for each eligible child.</li><li>• If your total income will be between \$55,000 and \$84,000 (\$82,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have four or more eligible children.</li></ul>  | <b>G</b> _____ |
| <b>H</b>   | Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶   | <b>H</b> _____ |
| For accuracy, complete all worksheets that apply. <div style="display: inline-block; vertical-align: middle;"><div style="display: inline-block; vertical-align: middle;">• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</div><div style="display: inline-block; vertical-align: middle;">• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$35,000 (\$25,000 if married) see the <b>Two-Earner/Two-Job Worksheet</b> on page 2 to avoid having too little tax withheld.</div><div style="display: inline-block; vertical-align: middle;">• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</div></div> |  |                |

Cut here and give Form W-4 to your employer. Keep the top part for your records.

|   |  |  |  |  |
|---|--|--|--|--|
| Form <b>W-4</b>   |  | <b>Employee's Withholding Allowance Certificate</b>  |  | OMB No. 1545-0074                              |
| Department of the Treasury<br>Internal Revenue Service  |  | ▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>   |  | <b>2006</b>                                    |
| <b>1</b> Type or print your first name and middle initial.  |  | Last name  |  | <b>2</b> Your social security number           |
| Home address (number and street or rural route)   |  | <b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |  |  |
| City or town, state, and ZIP code   |  | <b>4</b> If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ <input type="checkbox"/>   |  |  |
| <b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)  |  | <b>5</b> _____   |  |  |
| <b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .  |  | <b>6</b> \$ _____  |  |  |
| <b>7</b> I claim exemption from withholding for 2006, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"><li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li><li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li></ul> If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b> _____ |  |  |  |  |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.  |  |  |  |  |
| <b>Employee's signature</b><br>(Form is not valid unless you sign it.) ▶  |  |  |  |  |
| <b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  |  | <b>9</b> Office code (optional)  |  | <b>10</b> Employer identification number (EIN) |

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2006 tax return.

- 1** Enter an estimate of your 2006 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2006, you may have to reduce your itemized deductions if your income is over \$150,500 (\$75,250 if married filing separately). See *Worksheet 3* in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_
- 2** Enter:  $\left\{ \begin{array}{l} \$10,300 \text{ if married filing jointly or qualifying widow(er)} \\ \$7,550 \text{ if head of household} \\ \$5,150 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_
- 3** **Subtract** line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2006 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 7* in Pub. 919) . . . . . **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2006 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. Enter the result, but not less than "-0-" . . . . . **7** \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,300 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earner/Two-Job Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . **10** \_\_\_\_\_

**Two-Earner/Two-Job Worksheet** (See *Two earners/two jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . **1** \_\_\_\_\_
- 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here . . . . . **2** \_\_\_\_\_
- 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note.** If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6** **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
- 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9** Divide line 8 by the number of pay periods remaining in 2006. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2005. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1: Two-Earner/Two-Job Worksheet**

| Married Filing Jointly                       |   |                       |  |   |                       | All Others                                  |                       |  |  |  |
|--|---|-----------------------|--|---|-----------------------|---|-----------------------|--|--|--|
| If wages from <b>HIGHEST</b> paying job are— | AND, wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | AND, wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above |  |  |  |
| \$0 - \$42,000                               | \$0 - \$4,500                                 | 0                     | \$42,001 and over                            | 32,001 - 38,000                               | 6                     | \$0 - \$6,000                               | 0                     |  |  |  |
|  | 4,501 - 9,000                                 | 1                     |  | 38,001 - 46,000                               | 7                     | 6,001 - 12,000                              | 1                     |  |  |  |
|  | 9,001 - 18,000                                | 2                     |  | 46,001 - 55,000                               | 8                     | 12,001 - 19,000                             | 2                     |  |  |  |
|  | 18,001 and over                               | 3                     |  | 55,001 - 60,000                               | 9                     | 19,001 - 26,000                             | 3                     |  |  |  |
|  |   |                       |  | 60,001 - 65,000                               | 10                    | 26,001 - 35,000                             | 4                     |  |  |  |
| \$42,001 and over                            | \$0 - \$4,500                                 | 0                     |  | 65,001 - 75,000                               | 11                    | 35,001 - 50,000                             | 5                     |  |  |  |
|  | 4,501 - 9,000                                 | 1                     |  | 75,001 - 95,000                               | 12                    | 50,001 - 65,000                             | 6                     |  |  |  |
|  | 9,001 - 18,000                                | 2                     |  | 95,001 - 105,000                              | 13                    | 65,001 - 80,000                             | 7                     |  |  |  |
|  | 18,001 - 22,000                               | 3                     |  | 105,001 - 120,000                             | 14                    | 80,001 - 90,000                             | 8                     |  |  |  |
|  | 22,001 - 26,000                               | 4                     |  | 120,001 and over                              | 15                    | 90,001 - 120,000                            | 9                     |  |  |  |
|  | 26,001 - 32,000                               | 5                     |  |   |                       | 120,001 and over                            | 10                    |  |  |  |
|  |   |                       |  |   |                       |   |                       |  |  |  |
|  |   |                       |  |   |                       |   |                       |  |  |  |
|  |   |                       |  |   |                       |   |                       |  |  |  |
|  |   |                       |  |   |                       |   |                       |  |  |  |
|  |   |                       |  |   |                       |   |                       |  |  |  |
|  |   |                       |  |   |                       |   |                       |  |  |  |
|  |   |                       |  |   |                       |   |                       |  |  |  |
|  |   |                       |  |   |                       |   |                       |  |  |  |
|  |   |                       |  |   |                       |   |                       |  |  |  |

**Table 2: Two-Earner/Two-Job Worksheet**

| Married Filing Jointly                       |                       | All Others                                   |                       |
|--|-----------------------|--|-----------------------|
| If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$60,000                               | \$500                 | \$0 - \$30,000                               | \$500                 |
| 60,001 - 115,000                             | 830                   | 30,001 - 75,000                              | 830                   |
| 115,001 - 165,000                            | 920                   | 75,001 - 145,000                             | 920                   |
| 165,001 - 290,000                            | 1,090                 | 145,001 - 330,000                            | 1,090                 |
| 290,001 and over                             | 1,160                 | 330,001 and over                             | 1,160                 |

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to

the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



|                                   |       |       |
|-----------------------------------|-------|-------|
| <b>TRANSFER INFORMATION SHEET</b> |       | Date: |
| Rate:                             | Name: | SSN:  |
| Command:                          |       |       |

**A. INDIVIDUAL CONCERNED COMPLETE SECTION "A" OF THIS FORM AND DELIVER TO YOUR DIVISION OFFICER**

|   |   |   |       |
|---|---|---|-------|
| Work Phone:<br>ext.   | Home Phone:<br>( ) -  | E-mail Address:   |       |
| Primary Next Of Kin:<br>Name and Relationship:  |   | Secondary Next Of Kin:<br>Name and Relationship:  |       |
| Address:  |   | Address:  |       |
| Telephone (including Area Code):  |   | Telephone (including Area Code):  |       |
| Requested Transfer Date:  |   |   |       |
| Requesting Leave<br>(No. of Days):  | Leave Address and Phone Number:   |   |       |
| Incur Obligated Service by:<br><input type="checkbox"/> Extension <input type="checkbox"/> Reenlistment<br><input type="checkbox"/> Page 13 (if approved) | Advance Pay Desired:<br><input type="checkbox"/> Yes (Complete attached form)<br><input type="checkbox"/> No    | Advance DLA Desired:<br><input type="checkbox"/> Yes <input type="checkbox"/> No (married pers. & single E7 & above only) |       |
| Will your dependents accompany you on transfer?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Are you using your COT entitlement? (if applicable)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Home of Record:   |       |
| Signature of Member:  |   |   | Date: |

**B. DIVISION OFFICER complete Section "B" and check the box if task has been completed**

|  |  |   |   |   |  |   |   |  |  |                                       |  |
|--|--|---|---|---|--|---|---|--|--|---------------------------------------|--|
| <input type="checkbox"/> Indicate Member's Transfer Date if other than requested:  |  |   |   |   |  |   |   |  |  |                                       |  |
| <input type="checkbox"/> Inform individual that transfer departure date will not be changed once it is determined except for emergency reasons, as orders and records will be processed upon return of this form to the Transfers Section.   |  |   |   |   |  |   |   |  |  |                                       |  |
| <input type="checkbox"/> Transfer Information Sheet and required enclosures have been reviewed and verified. <b>PACKAGE MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS.</b> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Copy of PCS Orders</td> <td><input type="checkbox"/> Request for Advance PCS/TDY Travel Request</td> </tr> <tr> <td><input type="checkbox"/> Passenger Reservation Request 4650/5</td> <td><input type="checkbox"/> Temporary Lodging Allowance (TLA) Information Sheet and Worksheet</td> </tr> <tr> <td><input type="checkbox"/> Application For Transportation of Dependents (DD Form 884)</td> <td><input type="checkbox"/> Family Entry Approval (FEA) Worksheet Req.</td> </tr> <tr> <td><input type="checkbox"/> Advance Pay Certification/Authorization</td> <td><input type="checkbox"/> Check-out Sheet</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other: _____</td> </tr> </table> |  | <input type="checkbox"/> Copy of PCS Orders | <input type="checkbox"/> Request for Advance PCS/TDY Travel Request | <input type="checkbox"/> Passenger Reservation Request 4650/5 | <input type="checkbox"/> Temporary Lodging Allowance (TLA) Information Sheet and Worksheet | <input type="checkbox"/> Application For Transportation of Dependents (DD Form 884) | <input type="checkbox"/> Family Entry Approval (FEA) Worksheet Req. | <input type="checkbox"/> Advance Pay Certification/Authorization | <input type="checkbox"/> Check-out Sheet | <input type="checkbox"/> Other: _____ |  |
| <input type="checkbox"/> Copy of PCS Orders  | <input type="checkbox"/> Request for Advance PCS/TDY Travel Request                        |   |   |   |  |   |   |  |  |                                       |  |
| <input type="checkbox"/> Passenger Reservation Request 4650/5  | <input type="checkbox"/> Temporary Lodging Allowance (TLA) Information Sheet and Worksheet |   |   |   |  |   |   |  |  |                                       |  |
| <input type="checkbox"/> Application For Transportation of Dependents (DD Form 884)  | <input type="checkbox"/> Family Entry Approval (FEA) Worksheet Req.                        |   |   |   |  |   |   |  |  |                                       |  |
| <input type="checkbox"/> Advance Pay Certification/Authorization   | <input type="checkbox"/> Check-out Sheet   |   |   |   |  |   |   |  |  |                                       |  |
| <input type="checkbox"/> Other: _____  |  |   |   |   |  |   |   |  |  |                                       |  |
| <input type="checkbox"/> Required obligated service: <input type="checkbox"/> has been completed or <input type="checkbox"/> will be completed on _____.   |  |   |   |   |  |   |   |  |  |                                       |  |
| <input type="checkbox"/> Required screening(s) has/have been completed.  |  |   |   |   |  |   |   |  |  |                                       |  |
| <input type="checkbox"/> Transfer Evaluation (E6 and below)/FITREP (E7-E9 only) will be forwarded to the Transfers Section at least five (5) working days prior to the transfer date.  |  |   |   |   |  |   |   |  |  |                                       |  |
| <input type="checkbox"/> Inform member that check-out procedures will be carried out five (5) working days prior to the transfer date.   |  |   |   |   |  |   |   |  |  |                                       |  |
| I certify that I have taken or initiated action on all items listed in Section "B".  | Date:  |   |   |   |  |   |   |  |  |                                       |  |
| Signature of Division Officer  |  |   |   |   |  |   |   |  |  |                                       |  |

**C. DEPARTMENT HEAD complete Section "C"**

|   |       |
|---|-------|
| I certify that I have reviewed the above information and recommend:<br><input type="checkbox"/> Approval <input type="checkbox"/> Disapproval<br>Signature of Department Head | Date: |
|---|-------|

## PASSENGER RESERVATION REQUEST – PCS TRAVEL

☐ INITIAL☐ CHANGE

\*\*\*\*\* THIS FORM MUST BE TYPED \*\*\*\*\*

|   |  |  |  |                  |  |  |  |                                 |  |
|---|--|--|--|------------------|--|--|--|---------------------------------|--|
| 1. MEMBER'S NAME (LAST, FIRST, M.I.)  |  | 2. RANK/RATE   |  | 3. SSN           |  | 4. COMMAND   |  | 5. DETACH DATE                  |  |
| 6. PLR/TRAVEL COORDINATOR   |  | 7. PHONE   |  | 8. EMAIL ADDRESS |  | 9. MEMBER'S PHONE  |  | 10. EMAIL ADDRESS-WORK          |  |
| 11. LOCAL ADDRESS   |  | 12. CITY/STATE   |  |                  | 13. PHONE  |  |  | 14. EMAIL ADDRESS-HOME          |  |
| 15. MEMBER'S TRAVEL (INCLUDING LEAVE STOPS, WHICH MEMBER WILL PAY FOR, IF APPLICABLE)<br>DATE FROM TO   |  |  |  |                  | 16. FAMILY MEMBER(S) TRAVEL<br><input type="checkbox"/> TRAVELING WITH SPONSOR OR....<br><input type="checkbox"/> TRANSPORTATION REQUESTED AS FOLLOWS:<br>DATE FROM TO |  |  |                                 |  |
| 17. DEPENDENT INFORMATION   |  |  |  |                  |  |  |  |                                 |  |
| NAME (Last, First, MI)  |  | RELATIONSHIP   |  | DOB              |  | SSN OR PASSPORT NUMBER (AS REQUIRED)   |  | EXPIRATION DATE (IF APPLICABLE) |  |
| 18. TYPE SEAT REQUEST<br><input type="checkbox"/> WINDOW<br><input type="checkbox"/> AISLE  |  |  |  |                  | 19. FLIGHT TIME REQUEST<br><input type="checkbox"/> 0700 - 1200<br><input type="checkbox"/> 1200 - 1800<br><input type="checkbox"/> 1800 - 2400                        |  |  |                                 |  |
| 20. PRIVATELY OWNED VEHICLE (POV)<br><input type="checkbox"/> NOT SHIPPING A POV<br><input type="checkbox"/> SHIPPING PRIMARY POV TO  |  |  |  |                  | 21. LEAVE INFORMATION<br>ADDRESS: CITY/STATE:<br>AREA CODE: PHONE NUMBER:<br>21a. EMERGENCY CONTACT:<br>NAME: AREA CODE: NUMBER:                                       |  |  |                                 |  |
| 22. PET SHIPMENT REQUEST <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |  |  |                  |  |  |  |                                 |  |
| PET #1 <input type="checkbox"/> CAT <input type="checkbox"/> DOG  |  | CAGE SIZE L  |  | W                |  | H  |  | PET WEIGHT                      |  |
| PET #2 <input type="checkbox"/> CAT <input type="checkbox"/> DOG  |  | CAGE SIZE L  |  | W                |  | H  |  | KENNEL WEIGHT                   |  |
| NOTE: AMC LIMITS 2 PETS, CATS OR DOGS ONLY, WITH MAXIMUM WEIGHT (PET & KENNEL) OF 100 POUNDS EACH.<br>OTHER:  |  |  |  |                  |  |  |  |                                 |  |
| 23. REMARKS   |  |  |  |                  |  |  |  |                                 |  |
| NOTE:<br>PLAN YOUR TRIP CAREFULLY BEFORE SUBMISSION OF THIS REQUEST. CHANGES TO CONFIRMED FLIGHTS MAY BE MADE ONLY AS A RESULT OF ORDER MODIFICATION OR DUE TO MISSION REQUIREMENTS.  |  |  |  |                  |  |  |  |                                 |  |
| PRIVACY ACT STATEMENT: THE INFORMATION REQUESTED ON THIS FORM IS PROTECTED UNDER AUTHORITY OF T U.S.C. 552a AND THE JOINT TRAVEL REGULATIONS TO PROVIDE A MEANS OF MAKING PERMANENT CHANGE OF STATION (PCS) TRAVEL ARRANGEMENTS. THE FORM IS USED AS A GUIDE FOR PREPARING AN ACCURATE TRAVEL ITINERARY AND REMAINS PART OF THE RETAIN FILE. DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY, HOWEVER COMPLETION OF THIS FORM IS NECESSARY BEFORE TRANSPORTATION CAN BE AUTHORIZED. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION MAY RESULT IN DISAPPROVAL OF TRAVEL REQUEST. |  |  |  |                  |  |  |  |                                 |  |
| PSD/PERSONNEL OFFICE USE ONLY   |  |  |  |                  |  |  |  |                                 |  |
| 24. COPY OF ORIGINAL ORDERS<br><input type="checkbox"/> COPY OF ORIGINAL ORDERS   |  | 25. DD 884<br><input type="checkbox"/> DD 884  |  |                  |  | 26. OVERSEAS SCREENING COMPLETED<br><input type="checkbox"/> OVERSEAS SCREENING                    |  |                                 |  |
| 27. PASSPORT REQUEST COMPLETED<br><input type="checkbox"/> PASSPORT REQUEST COMPLETED   |  | 28. AUTHORIZED TO TRAVEL VIA NEW HOMEPORT OF SHIP (U5120.F3)<br><input type="checkbox"/> YES |  |                  |  | 29. DEPENDENT ENTRY APPROVAL<br><input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING |  |                                 |  |
| 30. HOR TRAVEL<br><input type="checkbox"/> ENTITLED <input type="checkbox"/> NOT ENTITLED <input type="checkbox"/> DEFERRED   |  |  |  |                  |  |  |  |                                 |  |
| 31. MEMBER'S SIGNATURE  |  |  |  |                  | 32. DATE   |  |  |                                 |  |
| 33. NAME OF SUBMITTING CLERK  |  | 35. SIGNATURE  |  |                  |  | 34. DATE   |  | 35. EMAIL ADDRESS               |  |



|   |  |  |   |
|---|--|--|---|
| APPLICATION FOR TRANSPORTATION FOR DEPENDENTS   |  |  | DOD COMPONENT   |
| THE PRIVACY ACT OF 1974. AUTHORITY: 37 U.S.C. 406 (Military); 5 U.S.C. 5724 (Civilian). THE PRINCIPAL PURPOSE:<br>Application for transportation-in-kind of dependents with CONUS used as an authority to issue transportation requests in absence of dependent travel orders.<br>ROUTINE USES: Used in lieu of dependent travel orders by transportation offices to issue transportation requests within CONUS. VOLUNTARY:<br>However, if information is not furnished, transportation would not be furnished. |  |  |   |
| NAME OF APPLICANT (Last, First, MI)   |  | RANK   | GRADE<br>FILE or SERVICE NO./SSN                      |
| SHIP OR STATION   |  |  |   |
| NAME OF DEPENDENT FOR WHOM TRANSPORTATION IS REQUESTED (Last, First, MI)  | RELATIONSHIP* (Adopted son, step-dau., etc.)   | DATE OF BIRTH (Children) (YYMMDD)  | LOCATION AT TIME OF RECEIPT OF ORDERS** (City, State) |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
|   |  |  |   |
| *If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.   |  |  |   |
| PRESENT ADDRESS OF DEPENDENTS (Street Address, City, State and ZIP Code)  |  |  |   |
| OLD PERMANENT STATION   |  | NEW PERMANENT STATION  | DATE OF ORDERS (YYMMDD)                               |
| TRANSPORTATION REQUESTED (FROM) (City, State)   |  | (TO) (City, State)   | (VIA) (ROUTE) (City, State)                           |
| DATE OF DEPARTURE (YYMMDD)  | BY (Air, Rail, etc.)   | FOR TRAVEL OUTSIDE THE U.S., IS GOVERNMENT AIR TRANSPORTATION ACCEPTABLE FOR YOUR DEPENDENTS? YES <input type="checkbox"/> NO <input type="checkbox"/> |   |
| **If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.  |  |  |   |
|   |  |  |   |
|   |  |  |   |
| I CERTIFY THAT TRANSPORTATION FOR PERSONS LISTED ABOVE, WHO WERE MY DEPENDENTS ON THE EFFECTIVE DATE OF APPLICABLE ORDERS, IS BEING REQUESTED WITH THE INTENT OF ESTABLISHING A BONA-FIDE RESIDENCE. I FURTHER CERTIFY THAT I HAVE NOT MADE APPLICATION OR SUBMITTED CLAIM FOR TRANSPORTATION OF MY DEPENDENTS ON THIS CHANGE OF STATION EXCEPT AS FOLLOWS:   |  |  |   |
|   |  |  |   |
| I<br><br>CERTIFICATE<br>OF PROOF OF<br>DEPENDENCY   | (Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)<br><br>I CERTIFY THAT MY DEPENDENT(S) (Relationship) _____, NAMED ABOVE, IS/ARE IN FACT DEPENDENT UPON ME AND THAT A CERTIFICATE OF DEPENDENCY WAS APPROVED BY THE APPROPRIATE AGENCY, I FURTHER CERTIFY THAT THERE HAS BEEN NO CHANGE IN THE CONDITIONS OF DEPENDENCY SINCE THE CERTIFICATE WAS APPROVED.<br><br>(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.) |  |   |
| II<br><br>CERTIFICATE<br>OF RESIDENCE<br>OF PARENT  | (Required for a dependent parent in addition to I.)<br><br>I CERTIFY THAT MY DEPENDENT(S) (Relationship) _____, IS/ARE RESIDING AS A MEMBER OF MY HOUSEHOLD AND WILL RESIDE AS A MEMBER OF MY HOUSEHOLD ESTABLISHED INCIDENT TO THIS CHANGE OF STATION.  |  |   |
| III<br><br>CERTIFICATE<br>FOR STEPCHILD   | (Required for a step child in addition to I.)<br><br>I CERTIFY THAT (Name of child's other parent) _____, THE MOTHER/FATHER OF THE STEPCHILD/STEPCHILDREN NAMED ABOVE, WAS MY LEGAL SPOUSE ON THE EFFECTIVE DATE OF APPLICABLE ORDERS.   |  |   |
| DATE (YYMMDD)   | SIGNATURE OF APPLICANT   |  |   |

## PSD PEARL HARBOR HI ADVANCE PCS/TDY TRAVEL REQUEST

Name: \_\_\_\_\_ Rank/Rate: \_\_\_\_\_ SSN: \_\_\_\_\_

Current Duty Station: \_\_\_\_\_ Date reported: \_\_\_\_\_

Next Duty Station: \_\_\_\_\_ Date detaching: \_\_\_\_\_

### ☐ Temporary Duty Per Diem at Next Intermediate Duty Station

Where will you reside? ☐ BEQ/BOQ ☐ Off-base (Certificate of Non-availability (CNA) required)  
CNA # \_\_\_\_\_

Daily cost of lodging: \$\_\_\_\_\_ For period \_\_\_\_\_ through \_\_\_\_\_

### ☐ Service Member PCS Entitlements

Traveling from \_\_\_\_\_ to \_\_\_\_\_  
(City/State or Country) (City/State or Country)

How do you plan to travel? ☐ POV from \_\_\_\_\_ to \_\_\_\_\_

☐ Govt.-procured Air (GTR) ☐ Other: \_\_\_\_\_

Do you desire Advance Dislocation Allowance (DLA)? ☐ Yes (With Dependents) ☐ No Advance desired

Single E7 and above ☐ Yes (Single) ☐ No Advance desired

**I hereby request advance payment of dislocation allowance due to my transfer on \_\_\_\_\_. I certify that it is my intention not to occupy Government quarters permanently upon arrival at my new permanent duty station. If I am permanently assigned Government quarters, I understand I will be required to repay the advance dislocation allowance.**

**Note: Do not pay Advance DLA for Single E6 and below without a statement from the gaining command that the member is not required to use government quarters. DODFMR Vol 9 para 0606.**

### ☐ Family Member PCS Entitlements

Will your dependent(s) be traveling with you? ☐ Yes ☐ No

When will your dependent(s) travel? \_\_\_\_\_ through \_\_\_\_\_  
(Start date) (Completion date)

Where will your dependent(s) travel from? \_\_\_\_\_ to \_\_\_\_\_  
(City/State or Country) (City/State or Country)

How does/do your dependent(s) plan to travel? ☐ POV ☐ GTR Number of POVs to be used: \_\_\_\_\_

What is justification for third POV? ☐ 8 or more family members traveling ☐ Medical equipment to be moved

Dependents traveling

| Name  | Date of Birth | Name  | Date of Birth |
|-------|---------------|-------|---------------|
| _____ | _____         | _____ | _____         |
| _____ | _____         | _____ | _____         |
| _____ | _____         | _____ | _____         |

#### Electronic Funds Transfer Information:

Account Type: ☐ Checking ☐ Savings

Account Number: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Address

Street: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

MBR MALT \_\_\_\_\_ miles @ \_\_\_\_\_

DEP MALT \_\_\_\_\_ miles @ \_\_\_\_\_

MBR FPD \_\_\_\_\_ days @ \_\_\_\_\_

DEP FPD \_\_\_\_\_ days @ \_\_\_\_\_

PERDIEM \_\_\_\_\_ days @ \_\_\_\_\_

RE \_\_\_\_\_ DLA \_\_\_\_\_ Other \_\_\_\_\_

TOTAL: \_\_\_\_\_

Signature/date: \_\_\_\_\_

|  |
|--|
| <b>DEPARTURE<br/>TEMPORARY LODGING ALLOWANCE (TLA)<br/>INFORMATION SHEET</b> |
|--|

|  |   |                   |
|--|---|-------------------|
| <b>NAME (Last, First, MI):</b>   | <b>RANK/RATE:</b>   | <b>SSN:</b>       |
| <b>COMMAND/UIC:</b>  | <b>WORK PHONE:</b><br><b>Other PHONE #:</b>   |                   |
| <b>DETACHING DATE:</b>   | <b>DEPARTURE DATE:</b>  | <b>TLA HOTEL:</b> |
| <b>INITIALS</b>  |   |                   |
|  | The purpose of TLA is to <b>PARTIALLY</b> reimburse a member for more than normal expenses incurred while occupying temporary lodging accommodations.   |                   |
|  | FAMILY MEMBERS <b>MUST BE COMMAND-SPONSORED</b> prior to the effective date of orders (Report date to new command minus authorized travel days)..   |                   |
|  | TLA is payable up to five days if residing on the economy and up to three days if residing in government quarters (controlled by COMNAVREG) prior to the departure/detachment date. Waivers may be requested via letter from the member to COMNAVREG Pearl Harbor via member's command.   |                   |
|  | TLA is not payable to the member while off the island. Once member is off the island, TLA may be paid only for family members who remain on island.   |                   |
|  | TLA is payable when staying with friends/relatives (meal allowance only) or in temporary lodging <b>on the island of Oahu only.</b>   |                   |
|  | Single and geographical bachelors must check-in with the BOQ/BEQ to obtain lodging. If lodging is not available, the member will be issued a non-availability of government quarters stamp on their original orders and a TLA authorization letter from the BOQ/BEQ. <b>Single and geographical bachelors attached to an Afloat command MAY NOT BE eligible to receive TLA.</b> |                   |
|  | The Navy Aloha Center is located at 988 Spence Street (Bldg 2562) adjacent to Moanalua Shopping Center and can be contacted at 474-1800.  |                   |
|  | All payments are made via EFT to the bank account where regular pay is deposited. EFT payments normally post to the bank account within <b>10 working days after claim submission.</b>  |                   |
|  | Documentation required for TLA payment for <b>members residing in government housing:</b><br>1. Termination of Government Quarters statement.    2. TLA authorization Letter.<br>3. TLA Worksheet    4. DETAILED Hotel Receipt showing paid in full.  |                   |
|  | Documentation required for TLA payment for <b>members residing on the economy (to include PPV Quarters):</b><br>1. Termination of lease statement    2. Copy of bill of lading from Personal Property Office<br>3. TLA Worksheet    4. DETAILED Hotel Receipt showing paid in full  |                   |
|  | Document required for TLA payment for <b>members staying with friends or relatives:</b><br>1. Statement indicating staying with friends or relatives and providing address of residences and period of stay.    2. TLA Worksheet  |                   |
| <p>"I have been briefed and understand the provisions regarding entitlement to Departure TLA and my responsibilities as contained in COMNAVBASEPEARLINST 7220.2d and will promptly notify the command of any change in statutes affecting entitlement thereto."</p><br><br><br><p>_____</p> <p>(Member's signature/Date)</p> |   |                   |

| TLA CHART FOR OAHU MAY 1, 2006 |   |          |          |          |
|--------------------------------|---|----------|----------|----------|
| PERCENT                        | NUMBER OF FAMILY MEMBERS  | MAX RATE | MEALS    | LODGING  |
| 65%                            | MEMBER OR 1 DEPENDENT   | \$161.85 | \$65.00  | \$96.85  |
| 100%                           | MEMBER AND 1 DEPENDENT  | \$249.00 | \$100.00 | \$149.00 |
| 125%                           | MEMBER AND 1 DEPENDENT<br>WITH 1 CHILD UNDER 12 YRS                                 | \$311.25 | \$125.00 | \$186.25 |
| 135%                           | MEMBER AND 1 DEPENDENT<br>WITH 1 CHILD OVER 12 YRS                                  | \$336.15 | \$135.00 | \$201.15 |
| 150%                           | MEMBER AND 1 DEPENDENT<br>WITH 2 CHILDREN UNDER 12<br>YRS                           | \$373.50 | \$150.00 | \$223.50 |
| 160%                           | MEMBER AND 1 DEPENDENT<br>WITH 1 CHILD UNDER 12 AND<br>1 OVER 12 YRS                | \$398.40 | \$160.00 | \$238.40 |
| 170%                           | MEMBER AND 1 DEPENDENT<br>WITH 2 CHILDREN OVER 12<br>YRS                            | \$423.30 | \$170.00 | \$253.30 |
| 175%                           | MEMBER AND 1 DEPENDENT<br>WITH 3 CHILDREN UNDER 12<br>YRS                           | \$435.75 | \$175.00 | \$260.75 |
| 185%                           | MEMBER AND 1 DEPENDENT<br>WITH 2 CHILDREN UNDER 12<br>AND 1 CHILD OVER 12 YRS       | \$460.65 | \$185.00 | \$275.65 |
| 195%                           | MEMBER AND 1 DEPENDENT<br>WITH 1 CHILD UNDER 12 AND<br>2 CHILDREN OVER 12 YRS       | \$485.55 | \$195.00 | \$290.55 |
| 200%                           | MEMBER AND 1 DEPENDENT<br>WITH 4 CHILDREN UNDER 12<br>YRS                           | \$498.00 | \$200.00 | \$298.00 |
| 205%                           | MEMBER AND 1 DEPENDENT<br>WITH 3 CHILDREN OVER 12<br>YRS                            | \$510.45 | \$205.00 | \$305.45 |
| 220%                           | MEMBER AND 1 DEPENDENT<br>WITH 2 CHILDREN UNDER 12<br>AND 2 CHILDREN OVER 12<br>YRS | \$547.80 | \$220.00 | \$327.80 |

# TEMPORARY LODGING ALLOWANCE (TLA) WORKSHEET

|                                  |              |               |     |
|----------------------------------|--------------|---------------|-----|
| NAME (Last, First, MI)           |              | RANK/RATE     | SSN |
| COMMAND REPORTING TO/FROM        |              | NAME OF HOTEL |     |
| <b>FAMILY MEMBERS ON STATION</b> |              |               |     |
| NAME (Last, First, MI)           | RELATIONSHIP | DATE OF BIRTH |     |
|                                  |              |               |     |
|                                  |              |               |     |
|                                  |              |               |     |
|                                  |              |               |     |
|                                  |              |               |     |
|                                  |              |               |     |
|                                  |              |               |     |
|                                  |              |               |     |

**FOR ARRIVAL TLA:**

DATE MEMBER REPORTED TO PRESENT COMMAND:

DATE FAMILY MEMBER(S) REPORTED TO PRESENT COMMAND:

THIS IS THE  CLAIM

MEMBER MUST PRESENT TLA AUTHORIZATION FROM THE HOUSING OFFICE AND A PAID LODGING RECEIPT. A FAMILY MEMBER WHO IS FILING TLA DUE TO THE ABSENCE OF THE SPONSOR MUST HAVE A GENERAL OR SPECIAL POWER OF ATTORNEY SPECIFICALLY STATING TLA IS AUTHORIZED FOR PROCESSING.

**FOR DEPARTURE TLA:**

ACTUAL DATE OF DETACHMENT:

MEMBERS LIVING OFF-BASE MUST PRESENT A RENTAL RELEASE FROM THE LANDLORD OR REALTOR.

MEMBER LIVING ON-BASE MUST PRESENT A SIGNED STATEMENT FROM THE HOUSING OFFICE CERTIFYING THE DATE GOVERNMENT QUARTERS WERE VACATED.

**MEMBER'S STATEMENT:**

I HAVE INCLUDED HEREIN ALL LODGING RECEIPTS FOR TLA. I CERTIFY THAT I ☐ AM / ☐ AM NOT IN A PER DIEM STATUS. I UNDERSTAND THAT IF I AM IN A TEMPORARY DUTY PER DIEM STATUS, ONLY MY FAMILY MEMBERS ARE ENTITLED TO TLA. I FURTHER CERTIFY THAT MY FAMILY MEMBERS AND I ☐ DID / ☐ DID NOT UTILIZE GOVERNMENT MESS FOR ANY MEALS DURING THIS PERIOD. MY TEMPORARY QUARTERS ☐ DO / ☐ DO NOT CONTAIN FACILITIES FOR PREPARING AND CONSUMING MEALS.

**WARNING:**

THE PENALTY FOR WILLFULLY MAKING FALSE CLAIM IS: MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT FOR FIVE YEARS, OR BOTH (U.S. CODE, TITLE 18, SECTION 287). BE ADVISED THAT ALL CLAIMS ARE SCREENED AND THOSE SUSPECTED OF BEING FRAUDULENT ARE TURNED OVER TO THE NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS).

**PRIVACY ACT STATEMENT:**

THIS STATEMENT IS PROVIDED IN COMPLIANCE WITH THE PROVISIONS OF THE PRIVACY ACT OF 1974 (PL 93-579) WHICH REQUIRES THAT FEDERAL AGENCIES MUST INFORM INDIVIDUALS WHO ARE REQUESTED TO FURNISH INFORMATION ABOUT THEMSELVES AS TO THE FOLLOWING FACTS CONCERNING THE INFORMATION REQUESTED.

1. AUTHORITY: 37 USC 1006
2. PRINCIPAL PURPOSE: TO PROVIDE INFORMATION REQUIRED TO LEGALLY PAY TEMPORARY LODGING ALLOWANCE (TLA).
3. ROUTINE USE: THE MEMBER PROVIDES INFORMATION ON COST AND TYPE OF LODGING WHICH IS USED TO COMPUTE ENTITLEMENT TO TLA. SUPPORTING DOCUMENTS ARE USED TO DETERMINE ELIGIBILITY AND AMOUNT OF ENTITLEMENT.
4. MANDATORY OR VOLUNTARY DISCLOSURE: VOLUNTARY. IF MEMBER DOES NOT PROVIDE INFORMATION, TLA CANNOT BE PAID.

|                  |      |
|------------------|------|
| MEMBER SIGNATURE | DATE |
|------------------|------|

|  |                           |  |                        |   |  |  |   |                  |               |
|--|---------------------------|--|------------------------|---|--|--|---|------------------|---------------|
| PCS TRAVEL   |                           |  |                        |   |  |  |   |                  |               |
| NAME   |                           |  | SSN                    |   | PAY GRADE                              |  | ORDER NO/AUTHORIZATION  |                  |               |
| ACCOUNTING DATA: (Fill in the following blanks—Use accounting data on orders)  |                           |  |                        |   |  |  |   |                  |               |
| N 1 7 1 4 2 2 5 0 0 0 0 2 2 COST CODE  |                           |  |                        |   |  |  |   |                  |               |
| COMPLETE DATA BELOW AND SUBMIT THREE DAYS BEFORE DETACHMENT.   |                           |  |                        |   |  |  |   |                  |               |
| I YOUR ITINERARY   |                           |  |                        |   |  |  |   |                  |               |
| A. PRESENT DUTY STATION (PDS)  |                           |  | HOMEPORT               |   | DETACHMENT DATE                        |  | IF DEPLOYED, ACTUAL LOC:  |                  |               |
| B. INTERMEDIATE DUTY STATIONS: (If more than five, use section 1 on reverse side.)   |                           |  | MDTVL (See Rev-Sec II) |   | NATURE OF DUTY (See Rev-Abbreviations) |  | CLCVN DATE  |                  | LEAVE PERIODS |
| NAME/LOCATION  |                           |  |                        |   |  |  |   |                  |               |
| 1  |                           |  |                        |   |  |  |   |                  |               |
| 2  |                           |  |                        |   |  |  |   |                  |               |
| 3  |                           |  |                        |   |  |  |   |                  |               |
| 4  |                           |  |                        |   |  |  |   |                  |               |
| 5  |                           |  |                        |   |  |  |   |                  |               |
| C. ULTIMATE PERMANENT DUTY STATION (PDS)   |                           |  | HOMEPORT               |   | IF DEPLOYED CHECK ONE                  |  | <input type="checkbox"/> INDIAN OCEAN<br><input type="checkbox"/> ATLANTIC <input type="checkbox"/> PACIFIC <input type="checkbox"/> CARIBBEAN <input type="checkbox"/> MED |                  |               |
| II DEPENDENTS' ITINERARY   |                           |  |                        |   |  |  |   |                  |               |
| A. MARITAL STATUS  |                           | WILL DEPENDENTS MOVE?                                    |                        | INDICATE NUMBER OF DEPENDENTS MOVING BY AGE GROUP |  |  |   |                  |               |
| <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED   |                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |                        | UNDER 2 YRS 2-11 YRS 12 YRS & OVER                |  |  |   |                  |               |
| DESIGNATED PLACE: Are dependents awaiting entry approval or will they establish a permanent residence? (provide location)            |                           |  |                        |   |  |  |   |                  |               |
| <input type="checkbox"/> ENTRY APPROVAL <input type="checkbox"/> PERMANENT RESIDENCE AT (CITY/STATE)                                 |                           |  |                        |   |  |  |   |                  |               |
| B. MOVEMENT OF DEPENDENT(S) (Provide itinerary/See reverse side (SEC II/II for two letter modes of travel (MDTVL))                   |                           |  |                        |   |  |  |   |                  |               |
| DATE   | FROM CITY/STATE/CNTRY     |  |                        | TO CITY/STATE/CNTRY                               |  |  | MDTVL (See Rev)   |                  |               |
| 1  |                           |  |                        |   |  |  |   |                  |               |
| 2  |                           |  |                        |   |  |  |   |                  |               |
| 3  |                           |  |                        |   |  |  |   |                  |               |
| 4  |                           |  |                        |   |  |  |   |                  |               |
| III HOUSEHOLD GOODS  |                           |  |                        |   |  |  |   |                  |               |
| A. HOUSEHOLD GOODS (HHG) (Complete blocks below and see reverse side (SEC III)) for additional instructions if you are shipping HHG) |                           |  |                        |   |  |  |   |                  |               |
| SHIP. NO.  | DATE SHIPPED FROM OLD PDS | EST. ARRIVAL AT NEW PDS                                  | METHOD                 | SHIP FROM   | CITY/STATE/CNTRY ORIGIN                | CITY/STATE/CNTRY DESTINATION                             | ESTIMATED WEIGHT  | SHIPMENT CODE    |               |
| 1  |                           |  |                        |   |  |  |   |                  |               |
| 2  |                           |  |                        |   |  |  |   |                  |               |
| 3  |                           |  |                        |   |  |  |   |                  |               |
| B. STORAGE (Complete if storing your HHG for more than six months.)  |                           |  |                        |   |  |  |   |                  |               |
| ESTIMATED WEIGHT   |                           |  | DATE STORED            |   |  | EST MOS IN STORAGE                                       |   | STORAGE LOCATION |               |
|  |                           |  | MO DA YR               |   |  |  |   | CITY STATE       |               |
| IV VEHICLES  |                           |  |                        |   |  |  |   |                  |               |
| A. HOUSE TRAILER (Complete if you are moving a house trailer) Check one.   |                           |  |                        |   |  |  |   |                  |               |
| METHOD   |                           | <input type="checkbox"/> COMMERCIAL                      |                        | LOCATION  |  | FROM: (City/State)                                       |   |                  |               |
|  |                           | <input type="checkbox"/> SELF                            |                        |   |  | TO: (City/State)   |   |                  |               |
| B. ARE YOU MOVING YOUR POV OR MOTORCYCLE?  |                           |  |                        |   |  |  |   |                  |               |
| POV  |                           | <input type="checkbox"/> YES <input type="checkbox"/> NO |                        | MOTORCYCLE  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO |   |                  |               |

**SECTION I. YOUR ITINERARY (CONT'D)**

| NAME/LOCATION: | MDTVL: | NATURE OF DUTY: | CLCVN DATE: | DURATION TD/TDI: | LEAVE PERIODS: |
|----------------|--------|-----------------|-------------|------------------|----------------|
| 6              |        |                 |             |                  |                |
| 7              |        |                 |             |                  |                |
| 8              |        |                 |             |                  |                |
| 9              |        |                 |             |                  |                |
| 10             |        |                 |             |                  |                |

**SECTION I/II MEMBER/DEPENDENTS' ITINERARY (ADDITIONAL INSTRUCTIONS)****TWO-LETTER MODES OF TRAVEL**

| (a) 1st letter                | (b) 2nd letter |
|-------------------------------|----------------|
| T — TRANSPORTATION REQUEST    | A — AUTO       |
| G — GOVERNMENT TRANSPORTATION | B — BUS        |
| C — COMMERCIAL TRANSPORTATION | R — RAIL       |
| P — PRIVATE VEHICLE           | V — VESSEL     |
|                               | P — PLANE      |

**SECTION III. HOUSEHOLD GOODS (ADDITIONAL INSTRUCTIONS)**

METHOD: Use "C" for Commercial Shipments or "D" for Do It Yourself Shipments (DITY).  
SHIP FROM: Use "R" if shipped from Residence or "S" if shipped from Storage  
ESTIMATED WEIGHT: Estimate 1000 lbs per room or estimate weight from previous shipments. Your transportation officer can help you with shipping and storage entitlements.  
SHIPMENT CODE: Use "HHG" for Household Goods or "EXP" for Express Shipments

**ABBREVIATIONS:**

|                  |   |         |  |
|------------------|---|---------|--|
| CLCVN:           | Class Convening Date  | PCSVAD: | Permanent Change of Station Variance Analysis Department |
| CNTRY:           | Country   | PDS:    | Permanent Duty Station                                   |
| DITY:            | Do It Yourself Shipments  | POV:    | Privately Owned Vehicle                                  |
| EST:             | <b>Estimated/Estimation</b>                                       | SHIP:   | Shipment   |
| EXP:             | Express Shipments   | SSN:    | Social Security Number                                   |
| HHG:             | Household Goods   | TD:     | Temporary Duty   |
| LOC:             | Location  | TDI:    | Temporary Duty Under Instruction                         |
| MDTVL:           | Mode of Travel  | WT:     | Weight   |
| MED:             | Mediterranean   |         |  |
| MOS:             | Months  |         |  |
| NATURE OF DUTY:  | Reason for Intermediate Duty Station, e.g. TEMDUINS, TEMDU        |         |  |
| ORDER NO. /AUTH: | Authority for Permanent Change of Station Transfer — Order Number |         |  |
| PCS:             | Permanent Change of Station                                       |         |  |

**PRIVACY ACT STATEMENT:** As the member, you must submit this form. If you don't, administrative action may result. Authority to require this information comes from 5 United States Code 301, Department Regulations, which deals with estimating cost for PCS travel.

Mail to: *(window envelope may be used)*

Director  
Permanent Change of Station  
Variance Component  
1240 East 9th Street, Suite 967  
Cleveland, Ohio 44199-2088

\_\_\_\_\_  
*Signature of Member*

## **ADDITIONAL INFORMATION REGARDING YOUR PCS TRANSFER**

### **ATTEND THE PCS TRANSFER BRIEFING**

PCS Transfer briefings are held every Tuesday in the PSD classroom from 0800 to 0900. The entire transfers process will be covered. This is the starting point for your transfer, so attendance is mandatory. Questions regarding transfers are highly encouraged. Personnel who show up other than the designated schedule will be referred back to their Command PLR or the next PCS transfer briefing.

### **KEEP YOUR COMMAND PLR IN THE LOOP**

Your Command PLR is the primary point of contact. All questions are to be directed to him or her. Likewise, all documents pertaining to your transfer are to be delivered to the PLR for further delivery to PSD.

PLRs must not be out of the loop. Any personnel attempting to circumvent the PLR by personally delivering documents to PSD will be referred back to the PLR.

### **PERSONAL PROPERTY**

The Joint Personal Property Shipping Office (JPPSO) is located in the Fleet and Industrial Supply Center Complex, in BLDG 487, Pearl Harbor (same building at Pearl Harbor Federal Credit Union). Their office hours are:

0730 – 1500 (M, T, Th, F)

0900 – 1500 (W)

Walk-in Hours until 1200 (emergencies only)

Appointment phone: 473-5857

Entitlement questions: 473-2338

The best thing to do is to go to JPPSO to schedule your appointment, as you will be given a folder with all the necessary documentation you need to complete prior to your appointment. It is never too early to schedule an appointment, but be advised: if you are traveling overseas, you may need a Family Entry Approval (FEA) before JPPSO will see you.

### **IN CLOSING...**

We are emphasizing use of the Command PLR in an effort to streamline in-house processes and enhance customer service. If for any reason you are having difficult dealings with your PLR, please contact the Transfers Section LPO at 471-2405, ext. 211, or the Division Officer at ext. 251.



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**Department of the Navy  
Officer in Charge  
Personnel Support Activity Detachment  
650 Center Dr.  
Pearl Harbor, HI 96860-4100**

**CHECK-OUT SHEET**

|   |                         |                                 |  |
|---|-------------------------|---------------------------------|--|
| <b>NAME (Last, First, Middle):</b>  | <b>RANK/RATE:</b>       | <b>SOCIAL SECURITY NUMBER:</b>  |  |
| <b>CURRENT COMMAND:</b>   | <b>CURRENT UIC:</b>     | <b>COMMAND TRANSFERRING TO:</b> |  |
| <b>OFFICE</b>   | <b>CLERK'S INITIALS</b> | <b>DATE CHECKED OUT</b>         |  |
| 1. MEDICAL  |                         |                                 |  |
| 2. DENTAL   |                         |                                 |  |
| 3. BEQ/BOQ OR HOUSING OFFICE  |                         |                                 |  |
| 4. COMMAND PASS LIAISON REP (PLR)   |                         |                                 |  |
| 5. EDUCATIONAL SERVICE OFFICE (ESO)<br>ENLISTED PERSONNEL ONLY (SERVICE<br>RECORD REQUIRED)               |                         |                                 |  |
| 6. PSD ID CARD DESK:<br>UPDATE DEERS INFO (ALL PERSONNEL)   |                         |                                 |  |
| 7. TRANSFER CLERK:<br>CHANGE SMART/CAC CARD ENTITLEMENT<br>TO COMRATS                                     |                         |                                 |  |
| 8. TRANSFER CLERK:<br>PICK UP SERVICE RECORD, PLANE<br>TICKETS, ORIGINAL ORDERS (DAY OF<br>TRANSFER ONLY) |                         |                                 |  |

**TO CHECK OUT WITH PSD YOU MUST HAVE THE FOLLOWING ITEMS:**

1. Transfer evaluation/FITREP (Enlisted personnel only);
2. Security clearance records (all personnel);
3. Medical and dental records (no need to present them at PSD, but check-out sheet must be properly annotated).

**IF YOU INTEND TO DRAW TLA YOU MUST HAVE THE FOLLOWING ITEMS:**

1. Itemized receipt (must show "paid in full" and should include room rate, tax rate, and parking rate.  
Note: Occupancy tax is not reimbursable; and
2. Termination of Government Quarters statement and TLA Authorization from the Housing Office, if terminating government quarters; or
3. Termination of Lease statement from landlord or rental agency indicating date moved out of rental quarters and household goods bill of lading, if terminating civilian quarters.

**TRANSFER CLERK:**

**NAVMC 10883 (REV. 6-97) (EF) (PREVIOUS EDITIONS WILL NOT BE USED.)**  
**SN: 0109-LF-069-0000**

|   |  |   |  |                          |  |                                   |                              |                             |                         |
|---|--|---|--|--------------------------|--|-----------------------------------|------------------------------|-----------------------------|-------------------------|
| Instructions: Complete and submit form to Navy Campus or Marine Corps Education Center prior to beginning of course. Please print.  |  |   |  |                          |  |                                   |                              |                             |                         |
| SSN :   |  | NAME: LAST                                  |  |                          | FIRST  |                                   |                              | MI                          |                         |
| BRANCH OF SERVICE   |  | PAYGRADE                                    |  | MOS/RATE/RANK/DESIGNATOR |  |                                   | SEX                          |                             |                         |
| DATE OF BIRTH (YYMMDD)  |  | ACTIVE DUTY SERVICE DATE (YY/MM/DD)         |  |                          | END ACTIVE OBLIGATED SERVICE (YY/MM/DD)  |                                   |                              |                             |                         |
| GI BILL ENROLLED IN: 1. Vietnam Era <input type="checkbox"/> 2. VEAP <input type="checkbox"/> 3. MGIB <input type="checkbox"/> 4. EATP <input type="checkbox"/> 5. NONE <input type="checkbox"/>  |  |   |  |                          |  |                                   |                              |                             |                         |
| WORK PHONE:<br>( )  |  | UIC: (NAVY) (5 DIGITS)                      |  |                          | RUC/MCC: (MARINE CORPS) (8 DIGITS)   |                                   |                              |                             |                         |
| COURSE LOCATION   |  |   |  |                          |  |                                   |                              |                             |                         |
| 1. ON-BASE <input type="checkbox"/> 2. OFF-BASE <input type="checkbox"/> 3. DISTANCE LEARNING (I.E., INDEPENDENT STUDY, VIDEO, TV, COMPUTER) <input type="checkbox"/>   |  |   |  |                          |  |                                   |                              |                             |                         |
| YEARS OF EDUCATION _____  |  |   |  |                          |  |                                   |                              |                             |                         |
| IMMEDIATE EDUCATION GOAL  |  |   |  |                          |  |                                   |                              |                             |                         |
| 1. HS DIPLOMA <input type="checkbox"/> 2. VOCATIONAL- TECHNICAL <input type="checkbox"/> 3. ASSOCIATE <input type="checkbox"/> 4. BACHELORS <input type="checkbox"/>  |  |   |  |                          |  |                                   |                              |                             |                         |
| 5. MASTERS <input type="checkbox"/> 6. DOCTORATE <input type="checkbox"/> 7. PROFESSIONAL (I.E, MD, JD, DDS) <input type="checkbox"/>   |  |   |  |                          |  |                                   |                              |                             |                         |
| WILL YOU GRADUATE AFTER THIS TERM? YES <input type="checkbox"/> NO <input type="checkbox"/>   |  |   |  |                          |  |                                   |                              |                             |                         |
| SCHOOL:   |  |   |  |                          | DO YOU HAVE A SOCNAV/SOCMAR AGREEMENT?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |                                   |                              |                             |                         |
| TERM START DATE: YY/MM/DD _____   |  |   |  |                          | TERM COMPLETION DATE: YY/MM/DD _____   |                                   |                              |                             |                         |
| COURSE INFORMATION  |  |   |  |                          |  |                                   |                              |                             |                         |
| Course level: H = High School D = Developmental/Prep V = Vocational/Technical L = Lower (Freshman/Sophomore)<br>U = Upper (Junior/Senior) G = Graduate<br>Type of Credits/Hours: S = Semester Q = Quarter C = Clock K = Carnegie (High School)                                  |  |   |  |                          |  |                                   |                              |                             |                         |
| COURSE<br>DEPT/ NUMBER  |  | COURSE TITLE                                |  |                          | COURSE<br>LEVEL<br>(CODES ABOVE)   | NUMBER<br>OF<br>CREDITS/<br>HOURS | TYPE OF<br>CREDITS/<br>HOURS | COST PER<br>CREDIT/<br>HOUR | TOTAL<br>COURSE<br>COST |
|   |  |   |  |                          |  |                                   |                              |                             |                         |
|   |  |   |  |                          |  |                                   |                              |                             |                         |
|   |  |   |  |                          |  |                                   |                              |                             |                         |
|   |  |   |  |                          |  |                                   |                              |                             |                         |
|   |  |   |  |                          |  |                                   |                              |                             |                         |
|   |  |   |  |                          |  |                                   |                              |                             |                         |
|   |  |   |  |                          |  |                                   |                              |                             |                         |
| I request TA with the understanding that I will pay all costs over and above the amount authorized.<br>BY MY SIGNATURE I CERTIFY I HAVE READ, UNDERSTAND AND WILL COMPLY WITH ALL OF THE GOVERNING VOLUNTARY<br>EDUCATION INSTRUCTIONS AND THE PROVISIONS ON BACK OF THIS FORM. |  |   |  |                          |  |                                   |                              |                             |                         |
| APPLICANT'S SIGNATURE   |  |   |  |                          |  | DATE                              |                              |                             |                         |
| COMMAND (PRINT)   |  |   |  |                          |  |                                   |                              |                             |                         |
| COMPLETE ADDRESS  |  |   |  |                          |  |                                   |                              |                             |                         |
| FAX NUMBER  |  | DSN:  |  |                          |  | COM:                              |                              |                             |                         |
| APPLICANT'S COMMANDING OFFICER, EXECUTIVE OFFICER, OR OFFICER IN CHARGE:<br>The applicant's present or anticipated military duties will permit him/her to attend and complete the course(s).  |  |   |  |                          |  |                                   |                              |                             |                         |
| DATE:   |  | TYPED OR PRINTED NAME OF COMMANDING OFFICER |  |                          |  | SIGNATURE OF COMMANDING OFFICER   |                              |                             |                         |

**PRIVACY ACT STATEMENT**

Under authority of 5 USC 301 personal data is requested. Your SSN will be used for identification. This information will be included in your Education Record retained by the Education Center. It will not be divulged without your written consent to anyone other than Navy/Marine Corps/school personnel involved with TA. You are not required to provide this information; however, failure to do so will result in not being considered for TA.

**AGREEMENT**

A. I understand acceptance of TA obligates me to the following:

1. To pay the remainder of tuition cost plus all other costs such as but not limited to textbooks.
  2. To submit this application to my servicing Navy Campus or Marine Corps Education Center **prior to beginning of course**. For Navy members, TA will not be authorized after the school's late registration deadline.
  3. To personally deliver or mail my TA Authorization Form to the school **during registration**. **If I register for courses prior to receiving a TA Authorization Form, I am liable for the full amount of tuition.**
  4. **To notify the Naval Education and Training Professional Development and Technology Center (NETPDTC)\* and the Education Center in writing if I do not enroll in any or all course(s) on this form or if I withdraw before the school's "drop/add" date.**
  5. To notify NETPDTC\* and the Education Center in writing if I enroll in a different course than the one on this form. I can change a course title on the TA Authorization Form only if there is no tuition increase. The new course must apply toward my education goal.
  6. To **reimburse**, via money order or cashier's check payable to U.S. Treasury and mailed to NETPDTC\*, the tuition paid on my behalf if I:
    - a. **voluntarily withdraw from a course after the "drop/add" date.**
    - b. **receive a failing grade.**
    - c. **fail to clear an incomplete (I) grade within 6 months of course completion date.**
  7. To provide NETPDTC\*, in the case of an involuntary course withdrawal, a letter from my commanding officer confirming withdrawal was due to hospitalization, PCS, TAD, documented emergency leave or change in military duties or assignment. Reimbursement may be waived if I officially withdrew based on one of these circumstances.
  8. To authorize the school I attend to forward a grade report to NETPDTC\*. If my school fails to do so, I will be notified by NETPDTC. It then becomes my responsibility to forward my grade to NETPDTC\*. **Ultimate responsibility to provide grades to NETPDTC rests with the service member.**
- B. I understand the school's failure to provide a grade report or my failure to respond as outlined in paragraphs 1 through 7 will lead to formal resolution/collection efforts such as a letter of indebtedness to my commanding officer and possible pay checkage.
- C. I understand I am not entitled to use TA if my grade point average for TA-funded courses falls below a "C" for undergraduate or a "B" for graduate courses.
- D. I understand I am not entitled to use TA if receiving other federal financial aid for the same course(s) which results in a duplication of benefits from the U.S. Treasury. I will not apply for/receive VA educational assistance for course(s) on this form.
- E. If a Navy Member, I understand I must obtain a Degree Plan or SOCNAV Agreement by the time I have 5 TA-funded courses; only courses required for the degree will be approved for TA.

**COMMISSIONED OFFICERS**

I agree, in accordance with 10 USC 2007, to remain on active duty for two (2) years after completing the course(s) on this form. This obligation runs concurrently with any remaining obligated service time. This agreement does not obligate the military service to retain me on active duty. If allowed to voluntarily resign before two year obligation is served, I will repay the government a portion of TA expended on my behalf during my first two years of active duty in accordance with 10 USC 2005. Reimbursement of TA does not negate the obligation.

NOTE: All correspondence to NETPDTC should include:

\*COMMANDING OFFICER  
NETPDTC N8115  
6490 SAUFLEY FIELD ROAD  
PENSACOLA, FL 32509-5241

- a. Your full name
- b. Your social security number
- c. Name of school and course(s)
- d. Term dates involved
- e. TA document number

MEMORANDUM

From: Transfers Section LPO, PSD Pearl Harbor

**Subj: FAMILY ENTRY APPROVAL (FEA) REQUEST**

1. In accordance with the Officer and Enlisted Transfer Manuals, Family Entry Approval (FEA) is required for specific geographical locations. The major requirements for an FEA are overseas suitability screening for the member and his/her family and completion of the obligated service (OBLISERV) requirement. **These requirements must be met before an FEA request can be submitted; delay in compliance of these requirements will delay submission of the FEA request,** which in turn may cause unnecessary hardship on you or your family. FEA is a requirement before JPPSO will pack out and ship HHG, and before NAVPTO can issue tickets for transportation.

2. Please provide us with the following information so that we can prepare and submit the FEA request message:

**A. Names and relation of family members who will be traveling with you to the overseas station** (include date of marriage (DOM), and dates of birth (DOB) of children):

| Name  | Relationship | DOM (spouse) or<br>DOB (children) |
|-------|--------------|-----------------------------------|
| _____ | _____        | _____                             |
| _____ | _____        | _____                             |
| _____ | _____        | _____                             |

Note: Ensure all listed relatives are listed on your Page 2 and are enrolled in DEERS.

**B. Are you a U.S. citizen?** ☐ Yes / No ☐ If no, what is your country of citizenship? \_\_\_\_\_ Passport no.: \_\_\_\_\_

**C. Are your family members U.S. citizens?** ☐ Yes / No ☐  
If not, what is the country of citizenship for family members?

Please provide foreign passport number for each family member not a U.S. citizen:

| Name: | Passport no(s): |
|-------|-----------------|
| _____ | _____           |
| _____ | _____           |
| _____ | _____           |

**D. Local Address and Phone Number:** \_\_\_\_\_  
\_\_\_\_\_

**E. Command-approved Detach date:** \_\_\_\_\_ Date you plan on departing the U.S. for the overseas station: \_\_\_\_\_

**Subj: FAMILY ENTRY APPROVAL (FEA) REQUEST (cont.)**

**F. What is your preference for living quarters?**

Civilian quarters / Government quarters

**If government quarters are not readily available, are civilian quarters acceptable? Yes / No**

**Is your sponsor authorized to act as agent for procurement of Civilian quarters or Government quarters? Yes / No**

**G. Do you and/or your family members currently have No-fee (government) passports? Yes / No**

Family member name: Passport no(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**H. Have you and your family members completed the Overseas Suitability screening process? Yes / No**

Note: If "yes", ensure that PSD is in possession of the original screening documents and that your command has sent the Overseas Suitability Screening message. The message's DTG must be cited in the FEA request message.

**I. Have you met the Obligated Service requirement? Yes / No**

If "no", the FEA request cannot be submitted until compliance is verified. Ensure that you discuss the OBLISERV requirement with your Command Career Counselor.

**J. Please list any other information that you would like for your new duty station to know, such as special skills of your spouse and/or children (i.e. teachers, etc.):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. If you have any questions or concerns regarding the Family Entry Approval process, do not hesitate to contact your Command PLR.

|   |  |  |  |
|---|--|--|--|
| <b>WAIVER/REMISSION OF INDEBTEDNESS APPLICATION</b><br><i>(If more space is needed, continue on separate sheet(s). Identify each item by number.)</i>   |  | <i>Form Approved</i><br><b>OMB No. 0730-0009</b><br><i>Expires Sep 30, 2005</i>  |  |
| <small>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Department of Defense, Executive Services and Communications Directorate (0730-0009). Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.</small> |  |  |  |
| <b>PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION.</b><br><b>SEPARATED MILITARY OR FORMER CIVILIAN EMPLOYEES, RETURN COMPLETED FORM TO: DFAS-POCT/DE, DEFENSE FINANCE AND ACCOUNTING SERVICE - DENVER, 6760 E. IRVINGTON PL., DENVER, CO 80279-7300.</b>  |  |  |  |
| <b>ACTIVE DUTY MILITARY, GUARD/RESERVE, RETIRED OR ANNUITANT PAY RECIPIENTS, CIVILIAN EMPLOYEES, RETURN COMPLETED FORM TO THE ADDRESS LISTED ON THE DEBT NOTIFICATION LETTER FOR COMPLETION OF BACK SIDE.</b>   |  |  |  |
| <b>AUTHORITY:</b> E.O. 9397 (SSN).  |  | <b>PRIVACY ACT STATEMENT</b>   |  |
| <b>PRINCIPAL PURPOSE:</b> To be used by civilian employees (current, former, or retired) and military members (active, separated, or retired), and annuitants to request waiver of indebtedness collection for erroneous payments of salary or pay and allowances, and expense reimbursement or allowances for travel, transportation, and relocation; or in the case of enlisted members, remission of these debts.  |  |  |  |
| <b>ROUTINE USE(S):</b> In addition to those disclosures generally permitted under 5 U.S.C. Section 552a of the PA, this information may be disclosed to the Department of Justice or to commercial credit agencies, whenever a financial status report is requested by the Department of Defense (DoD) for use in administering the Federal Claims Collection Act. It may also be disclosed for any of the blanket routine uses as published in the Federal Register at the beginning of the DFAS compilation of PA system notices.   |  |  |  |
| <b>DISCLOSURE:</b> Disclosure is voluntary; however, failure to disclose the requested data, including your Social Security Number, may prevent consideration of the claim.   |  |  |  |
| <b>1. TYPE OF CLAIM</b> <i>(X one)</i>  |  | <input type="checkbox"/> <b>WAIVER</b> <input type="checkbox"/> <b>REMISSION</b>   |  |
| <small>Authority for granting waiver: Active/Retired Military - 10 U.S.C. 2774; National Guard - 32 U.S.C. 716; Civilian - 5 U.S.C. 5584; Annuitant - 10 U.S.C. 1442/1453. Remission: Army - 10 U.S.C. 4837; Navy - 10 U.S.C. 6161; Air Force - 10 U.S.C. 9837.<br/>         Note: Remission generally is applicable for active duty enlisted personnel only, see DoDFMR, Volume 7A.</small>  |  |  |  |
| <b>SECTION I - CIVILIAN/MILITARY/RETIREE/ANNUITANT INFORMATION</b>  |  |  |  |
| <b>2. NAME</b> <i>(Last, First, Middle Initial)</i>   |  | <b>3. RANK/GRADE</b>   |  |
| <b>4. SOCIAL SECURITY NUMBER</b>  |  |  |  |
| <b>5. AGENCY/SERVICE</b><br><input type="checkbox"/> ARMY <input type="checkbox"/> OTHER <i>(Specify)</i><br><input type="checkbox"/> NAVY<br><input type="checkbox"/> AIR FORCE<br><input type="checkbox"/> MARINE CORPS   |  | <b>6. STATUS</b> <i>(X applicable block and provide date (YYYYMMDD) for end of enlistment period (EOE), retirement (DOR), separation (DOS), or service computation date (SCD), as appropriate.)</i><br><input type="checkbox"/> ACTIVE    EOE: _____<br><input type="checkbox"/> GUARD/RESERVE    EOE: _____<br><input type="checkbox"/> RETIRED    DOR: _____ |  |
| <b>7. CURRENT COMPLETE MAILING ADDRESS</b> <i>(Street, City, State, ZIP Code)</i>   |  | <b>8. PLACE OF ASSIGNMENT OR EMPLOYMENT</b>  |  |
|   |  | <b>9. TELEPHONE</b> <i>(Include DSN or area code)</i><br>a. WORK<br>b. HOME<br>c. E-MAIL ADDRESS:  |  |
| <b>10. TYPE OF DEBT OR PAY AND ALLOWANCE ERRONEOUSLY PAID</b>   |  | <b>11. GROSS DEBT AMOUNT</b>   |  |
| <b>12. STATE THE DATE AND HOW YOU FIRST BECAME AWARE OF DEBT OR ERRONEOUS PAYMENT.</b> <i>(Attach notification, if available.)</i>  |  |  |  |
| <b>13. IF YOU WERE AWARE OF DEBT OR ERRONEOUS PAYMENT, EXPLAIN THE ACTIONS YOU TOOK TO CORRECT SITUATION.</b>   |  |  |  |
| <b>14. REASON FOR REQUESTING WAIVER/REMISSION AND WHY YOU FEEL IT SHOULD BE APPROVED</b> <i>(Financial hardship applies ONLY to REMISSION and if claimed, a financial statement must be attached.)</i>  |  |  |  |
| <b>15. FOR ANNUITANTS, PROVIDE NAME, SSN AND DATE DECEASED OF MILITARY MEMBER/SPONSOR.</b>  |  |  |  |
| <b>16. ATTACH COPIES OF ALL PERTINENT DOCUMENTS</b> <i>(Such as Request for BAH, Statement of Service, Separation Worksheet, DD Form 214, Travel Voucher, Notification of Personnel Action). (If not available, please explain.)</i>  |  |  |  |
| <b>17.a. IF MILITARY OR CIVILIAN, DID YOU RECEIVE LEAVE AND EARNINGS STATEMENT(S)?</b>  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| <b>b. IF MILITARY OR CIVILIAN, DID YOU REQUEST THEM ON EMSS/MYPAY?</b>  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| <b>c. IF RETIREE OR ANNUITANT, DID YOU RECEIVE AN ACCOUNT STATEMENT?</b>  |  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| <b>d. IF RETIREE OR ANNUITANT, DID YOU REVIEW THEM?</b>   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| <small><i>(If answer to a. or c. is Yes, attach a copy of statement covering before, during, and after period. If No, explain why.)</i></small>   |  |  |  |
| <b>18. HAVE YOU FILED FOR A CORRECTION OF MILITARY RECORDS?</b>   |  | <input type="checkbox"/> YES <input type="checkbox"/> NO   |  |
| <b>19. I certify the above statements are true and correct to the best of my knowledge. The information presented may be referred to the appropriate investigating office for verification. I understand the penalty for a false claim is a maximum fine of \$10,000 or a maximum imprisonment of 5 years, or both.</b>   |  |  |  |
| <b>a. SIGNATURE</b>   |  | <b>b. JOB TITLE/CAREER FIELD</b>   |  |
|   |  | <b>c. DATE SIGNED</b>  |  |

|  |                   |   |  |  |                                     |
|--|-------------------|---|--|--|-------------------------------------|
| <b>20. COMMANDER'S ENDORSEMENT</b> <i>(Required for Navy active duty and reserves, others optional. Use separate sheet of paper if needed.)</i>  |                   |   |  |  |                                     |
| <b>21. RECOMMENDATION:</b>   |                   | <input type="checkbox"/> <b>APPROVE</b> | <input type="checkbox"/> <b>PARTIAL \$</b> | <input type="checkbox"/> <b>DENY</b>   | <b>RECOMMEND COLLECTION RATE \$</b> |
| <b>22a. COMMANDER'S SIGNATURE</b>  |                   |   |  | <b>b. DATE SIGNED</b>  |                                     |
| <b>SECTION II - REPORT OF INVESTIGATION</b><br><i>To be completed and signed by appropriate payroll/travel office. (Not applicable for retirees, annuitants, or out-of-service military members.)</i>  |                   |   |  |  |                                     |
| <b>23. INFORMATION ON DEBT OR ERRONEOUS PAYMENT(S)</b>   |                   |   |  |  |                                     |
| <b>a. GROSS DEBT AMOUNT</b>  |                   | <b>b. TYPE(S) OF PAYMENT(S)</b>         |  | <b>c. DATE(S) OF PAYMENT(S)</b>  |                                     |
| <b>d. (X and complete as applicable)</b>   |                   |   |  | <b>YES</b>   | <b>NO</b>                           |
| <b>(1) HAS THE DEBT BEEN VALIDATED?</b>  |                   |   |  | <input type="checkbox"/>   | <input type="checkbox"/>            |
| <b>(2) HAS THE DEBT BEEN POSTED TO THE DEBTOR'S RECORDS?</b>   |                   |   |  | <input type="checkbox"/>   | <input type="checkbox"/>            |
| <b>(3) REMISSION: HAS THE COLLECTION ACTION BEEN SUSPENDED?</b>  |                   |   |  | <input type="checkbox"/>   | <input type="checkbox"/>            |
| <b>(4) WAIVER: HAS FINANCE OFFICE SUSPENDED COLLECTION IAW DODFMR, VOL. 5, CH. 31?</b>   |                   |   |  | <input type="checkbox"/>   | <input type="checkbox"/>            |
| <b>(5) DATE THE DEBT WAS DISCOVERED</b>  |                   |   |  | <b>(6) NAVY ONLY: AMOUNT UNCOLLECTED AS OF DATE OF THE COMMANDER'S SIGNATURE: \$</b> |                                     |
| <b>24. A DEBT COMPUTATION MUST ACCOMPANY THIS APPLICATION.</b> It must include dates of erroneous payments, what was paid (broken down by entitlements), what should have been paid, and the difference. The total debt must equal the debt posted to the debtor's record. Indicate any entitlements or credits used to offset the debt. <b>This application will be returned without action unless the computation is included.</b> |                   |   |  |  |                                     |
| <b>a. ENTITLEMENT</b>  | <b>b. DATE(S)</b> | <b>c. WAS PAID</b>                      | <b>d. SHOULD HAVE BEEN PAID</b>            | <b>e. DIFFERENCE</b>   |                                     |
|  |                   |   |  | 0.00   |                                     |
|  |                   |   |  | 0.00   |                                     |
|  |                   |   |  | 0.00   |                                     |
|  |                   |   |  | 0.00   |                                     |
| <b>25. DETAILED STATEMENT OF HOW AND WHY ERROR OCCURRED.</b>   |                   |   |  |  |                                     |
| <b>26. IS THERE ANY INDICATION OF FRAUD, MISREPRESENTATION, FAULT, OR LACK OF GOOD FAITH ON THE PART OF THE CLAIMANT?</b><br><input type="checkbox"/> <b>YES (Explain)</b> <input type="checkbox"/> <b>NO</b>  |                   |   |  |  |                                     |
| <b>27. STATEMENT AS TO WHETHER OR NOT THE CLAIMANT KNEW OR SHOULD HAVE BEEN AWARE OF RECEIVING AN ERRONEOUS PAYMENT.</b> <i>(Furnish facts and circumstances to support answer, state whether claimant received documents, and provide copies, if available. Use a separate sheet of paper if additional space is required.)</i>   |                   |   |  |  |                                     |
| <b>28. REMARKS</b> <i>(Attach a separate sheet of paper, if needed.)</i>   |                   |   |  |  |                                     |
| <b>29. RECOMMENDATION:</b>   |                   | <input type="checkbox"/> <b>APPROVE</b> | <input type="checkbox"/> <b>PARTIAL \$</b> | <input type="checkbox"/> <b>DENY</b>   |                                     |
| <b>30. DESIGNATED FINANCIAL AGENT</b>  |                   |   |  |  |                                     |
| <b>a. SIGNATURE</b>  |                   | <b>b. TITLE</b>                         |  | <b>c. DATE SIGNED</b>  |                                     |
| <b>31a. COMPLETE UNIT MAILING ADDRESS</b>  |                   |   | <b>b. POINT OF CONTACT NAME</b>            |  |                                     |
|  |                   |   | <b>c. TELEPHONE (DSN)</b>                  |  | <b>d. FAX NUMBER</b>                |
| <b>e. ADSN/DSSN/UIC</b>  |                   |   | <b>f. E-MAIL ADDRESS</b>                   |  |                                     |

# MEDICAL AND DENTAL SCREENING CERTIFICATION

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

COMMAND: \_\_\_\_\_ UIC: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

Medical Officer: \_\_\_\_\_

Clinic: \_\_\_\_\_

**Fit for Duty Determination:** In accordance with MILSPERSMAN 1160-040 and  
MANMED 15-50, above named member  
( is / is not ) medically qualified to continue service.

**Female ordered to Type 2:** above named member ( is / is not ) pregnant.

\_\_\_\_\_  
(Signature of Med. Dept. Rep.)

Dental Officer: \_\_\_\_\_

Clinic: \_\_\_\_\_

**Fit for Duty Determination:** In accordance with MILSPERSMAN 1160-040 above  
named member ( is / is not ) qualified to continue  
service.

\_\_\_\_\_  
(Signature of Dental Dept. Rep.)